235-218-001-296

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 70166

Primary Registration District No. 2083 Registered No. .....

ADELLA

FULL NAME OF CHILD Zenith Stephenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	6 18 1919

FATHER		MOTHER	
FULL NAME	M. S. Stephenson	FULL MAIDEN NAME	Lettie L. Brookhart
RESIDENCE	Centerville	RESIDENCE	Centerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Meridian

Filed July 8 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

FEB

Certificate No. 70166

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Zenith Stephenson (Name on Original Certificate) who was born (Was Born or Died) on June 18 1919 (Date of Event)
in Meridian Ada Co. (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Zenith Stephenson	Zenith Adella Stephenson

Subscribed and sworn to before me this 10th day of February, 1942

J T Jones
Notary Public, residing at Jefferson Oregon
My commission expires Nov 18-1942
(Seal)

Signed Lettie Leota Stephenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2nd St Jefferson Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 1942

J T Jones
Notary Public, residing at Jefferson Oregon
My commission expires Nov 18-1942
(Seal)

Signed M S Stephenson
(Signature of Any Credible Person Other Than Previous Year)
Jefferson Ore
(Street Address, City, State)

FEB 21 1942

141-22-001-966

PLACE OF BIRTH

Form V. S. No. H-O-12m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70167

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2003

File No. .....

Registered No. .....

FULL NAME OF CHILD Marjory Voorhees Adams

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes.	6 22 19[illegible]

FATHER	MOTHER
FULL NAME: Loyd J. Adams	FULL MAIDEN NAME: Lou Cline Voorhees
RESIDENCE: Seattle	RESIDENCE: Seattle
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Mo
OCCUPATION: laborer	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lou Cline (Born alive or stillborn), at .....M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed [illegible] 19[illegible]

[signature]
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAY 18 1961

PLACE OF BIRTH

County of.....

753-124-001-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70168

County of Ada

City of Meridian

No. R.R.3 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Cecil Donald Pettit

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 24 1919

FATHER		MOTHER	
FULL NAME	Joseph Pettit	FULL MAIDEN NAME	Etta Soucie
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed May 8 1919 Nicie A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-225-001-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70169

County of Ada

City of Eagle

No. RR1 St.

Registration District No. 11

Primary Registration District No. 2 A S

File No.

Registered No.

Hospital

FULL NAME OF CHILD Ellen Viola Heffner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	b 25 1919

FATHER		MOTHER	
FULL NAME	Leonard D. Heffner	FULL MAIDEN NAME	Gussie A. Bingham
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	farming	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Address Meridian

Filed Aug 8 19 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986-105-001-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70170

County of Ada

City of Meridian

No. RR3 St.

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Clarance Edward Rhodes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm P. Rhodes	FULL MAIDEN NAME	Gertie May Kindle
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed July 8 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 2 1974

315-230-001-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70171

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 203

File No. .....

Registered No. .....

FULL NAME OF CHILD Alice Louise Lant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	6 30 1919

FATHER		MOTHER	
FULL NAME	Wm Edgar Lant	FULL MAIDEN NAME	Alice May Jones
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Nebr
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Meridian

Filed July 8 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1963

[redacted] 614-125-037-295

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

70172

County of Latah

City of Moscow

Registration District No. 21 24 File No. 13

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Gerald Gresby Wade

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 25 1919

FATHER	MOTHER
FULL NAME Albert Edward Wade	FULL MAIDEN NAME Minnie Thompson
RESIDENCE Moscow	RESIDENCE Moscow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION County Agricultural Agt	OCCUPATION Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 6:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gast

Moscow Idaho
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

4-24 1919

Albert Huff Registrar

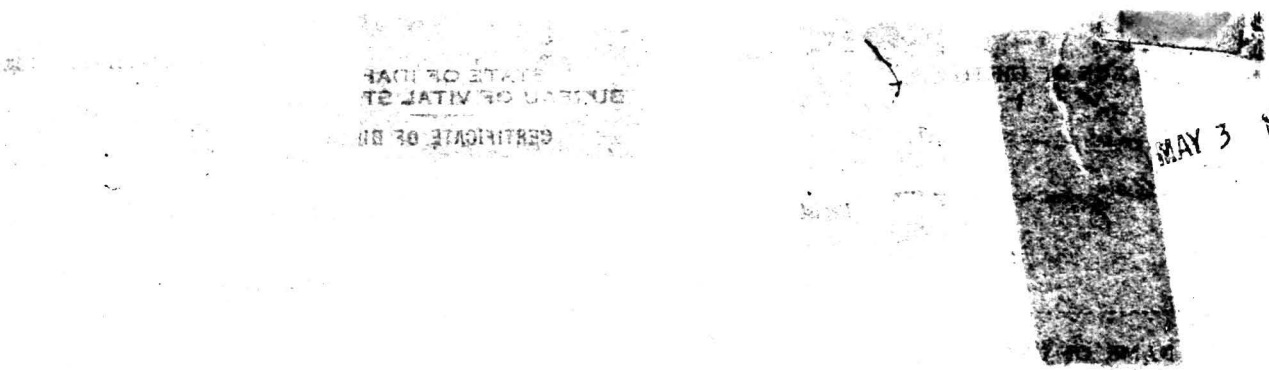
Filed May 10 1919 Albert Huff Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


MAY 3

254-210-031-238

70173

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

[illegible]E OF IDAHO
[illegible]VITAL STATISTICS

[illegible] 13

Registration District No. [illegible]24 [illegible] 13

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD HELEN LOREE Knutson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Hans Knutson	FULL MAIDEN NAME	Cecelia Josephine Schaffer
RESIDENCE	Nezperce	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 3rd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 13 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Johnny F. Gist

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

4-24 1919

Albert Huff Registrar

Address Nezperce Ida

Filed May 10 1919 Albert Huff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V 26 1941

MAR 1 1960

AUG 11 1952

MAR 29 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of Lewiston

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70174

City of Gren

843-107-018-319

No. St.

Registration District No. 2124 File No. 14

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Richard Orval Hutchins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Orval Hutchins	FULL MAIDEN NAME	Maud Carpenter
RESIDENCE	Gren Idn	RESIDENCE	Gren Idn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dayton Oregon	BIRTHPLACE	Stites Idn
OCCUPATION	Laborer	OCCUPATION	House work

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist

Phoenix Sinagoga (Physician or midwife)

Given names added from a supplemental report.

4-24 1919

Albert Huff Registrar

Address Nezperce Idaho

Filed May 10 1919 Albert Huff Registrar

S-Y CO. 24656

[redacted]

PLACE OF BIRTH

(County of [redacted])

966-231
031-255

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70175

County of Lewis

City of Nezperce

Registration District No. 2124 File No. 14

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Estella May Rowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	3-31-1919

FATHER

FULL NAME: Floyd Smith Rowe

RESIDENCE: Nezperce - Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: State of Wash.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hazel Clara Kennedy

RESIDENCE: Nezperce - Ida

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Grangeville - Ida

OCCUPATION: Home Wife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. F. Graf

Physician (Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

4-24-1919

Albert Hoff Registrar

Filed May 10 1919 Albert Hoff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 22 1957

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 24 1969
Bureau of Vital Statistics

State of Idaho } ss.
County of Lewis

Certificate No. 70175

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Stella Mae Rowe (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1919 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Stella Mae Rowe	Estella Mae Rowe

Subscribed and sworn to before me this 21st day of February 1969

Notary Public, residing at Craigmont, Idaho
My commission expires 7-31-71
(Seal)

Signed Hazel O'Rourke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3628 Wellesley Dr Lewiston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February 1969

Notary Public, residing at Craigmont, Idaho
My commission expires 7-31-71
(Seal)

Signed E. J. O'Rourke
(Signature of Any Credible Person)

3628 Wellesley Dr Lewiston Ida
(Street Address, City, State)

FORM DH 60-155

CL 12-21-68. nm

Nezperce High School report card of Estella Mae Rowe dated 1934. Signed byprincipal Ernest E. Newland. Viewed by Vs.

MAR 20 1969

Marriage License of Estella Mae Rowe and Arthur Rost dated January 10, 1942. Taken place in Spokane, Washington. Viewed by Vs.

386-207-031-123

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

70176

CERTIFICATE OF BIRTH

County of Teneriffe

City of Nezpine

No. ..... St.

Hospital .....

Registration District No. 2124 File No. 14

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Evelyn Frances Sarah Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oley Thompson	FULL MAIDEN NAME	Vera Minnie Osterhout
RESIDENCE	Nezpine Ida	RESIDENCE	Nezpine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Genesee Ida	BIRTHPLACE	De Moines Iowa
OCCUPATION	Farmer	OCCUPATION	House Work

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gust M.D.

(Physician or midwife)

Given names added from a supplemental report.

4 24 1919

Albert Huff Registrar

Address Nezpine Ida

Filed May 10 1919 Albert Huff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-124-031-469

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Russell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70177**

Registration District No. 2124 File No. 12

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD John Franklin Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Franklin Williams	FULL MAIDEN NAME	Pela Gertrude Morgan
RESIDENCE	Russell Ida	RESIDENCE	Russell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 125 Number of children of this mother now living, including present birth 125

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A Liv (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

Mar 24 1918

Albert Huff Registrar

Address Nezpine Idaho

Filed May 16 1919 Albert Huff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-41

1-9-41

238-221-016-635

PLACE OF BIRTH

County of Lincoln

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 15-C—20m-9-8-17

70178

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1311

FULL NAME OF CHILD E.th.e.l Ruth Schow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. S. Schow	Ingeborg Olesen
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Utah	Denmark
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Filed June 30 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

NOV 13 1956

NOV 19 1956

212 - 220 - 016 - 7 & 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70179

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1310

FULL NAME OF CHILD Margaret Marie Babcock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 20 1919

FATHER		MOTHER	
FULL NAME	H. E. Babcock	FULL MAIDEN NAME	Ellen M. Grunwald
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Colo.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:45a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed June 30 1919 Dr. J. C. Patterson Registrar

FEB 27 1942

366-121-016-744

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70180

Registration District No. 17 File No. .....

Primary Registration District No. 2196 Registered No. 13 09

FULL NAME OF CHILD Loyal Dean Lowe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 21 1919

FATHER		MOTHER	
FULL NAME	A. D. Lowe	FULL MAIDEN NAME	Hazel Gudmunsen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 30 1919 Dr. J. C. Patterson Registrar

Certified Copy issued Dec. 17, 1940. E.M.

795-117-016-391

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70181

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1308

FULL NAME OF CHILD Haven Karl Gierisch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 17 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. R. Gierisch	FULL MAIDEN NAME	Annie Cramer
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley, Ida.

Filed June 26 1917 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 70181

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)

in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Gierisch	Haven Karl Gierisch

Subscribed and sworn to before me this 13 day of April, 19 42.

Notary Public, residing at Burley, Idaho

My commission expires March 1st, 1943.

(SEAL)

Signed _____
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

_____
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Notary Public, residing at _____

My commission expires _____

(SEAL)

Signed Wm P. Gierisch Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Burley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 18 1942

APR 9 1951

553-122-016-845

Amended 3-18-81

Form V. S. No. 11-C—25m-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Bellevue

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70182

Registration District No. 117

Primary Registration District No. 2180

File No. .....

Registered No. 1307

FULL NAME OF CHILD Oscar Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	June 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Nelson	Martha Pearl Hunt
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Utah	Colo.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 (86)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 23 11 28 AM '81

State of ..... } ss.
County of ..... }

Certificate No. 70182

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Orva Nelson (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 2nd day of Jan., 19 62
Donna Green
Notary Public, residing at Pocatello
My commission expires May 4, 1964
(Seal)

Signed ~~Orva~~ Martha Pearl Nelson Curtis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7392 Locust Fontana Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Jan., 19 62
Donna Green
Notary Public, residing at Pocatello
My commission expires May 4, 1964
(Seal)

Signed Stephen W Clark
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

School record issued by Pocatello Sr. High School on Jan. 7, 1978, gives name as Miss Arva Nelson attend school Sept 5, 1933 - Sept 15, 1936. Her father is listed as D.R. Nelson.

MAR 18 1981

Viewed by V.S.

Family Record gives name as Arva Nelson, daughter of D.R. Nelson & Martha Hunt. Arva born June 22, 1919 in Burley, Idaho. Record issued June 1951.

Viewed by V.S.

319-124-016-557

Form V. S. No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70183

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1306

FULL NAME OF CHILD Floyd Davis Larsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 24 1919

FATHER		MOTHER	
FULL NAME	J. D. Larsen	FULL MAIDEN NAME	Leona England
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed June 30 19 19 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1944

MAR 12 1976

DECEASED

695 - 222 - 016 - 386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 70184

Registered No. 1305

FULL NAME OF CHILD Agnes L. Free.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	June 22 (Month) (Day) 191 9 (Year)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	S. H. Free.	Alice E. Thompson
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	Penn.	Idaho.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 2 1919 Dr. J. C. Patterson Registrar

JAN 29 1981

SEP 30

366-227-016-214

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70185

Primary Registration District No. 2196 Registered No. 1304

FULL NAME OF CHILD Alberta Rachael Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 27 1919

FATHER		MOTHER	
FULL NAME	E. A. Cook	FULL MAIDEN NAME	Estella Kauffman
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Filed June 30 1919 Dr. J. C Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1967

318-229-016-314

PLACE OF BIRTH name added 5/13/80

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70186

County of Cassia

City of Burley

Registration District No. 117

File No.

No. ..... St.

Primary Registration District No. 2196

Registered No. 1303

Hospital .....

FULL NAME OF CHILD Beth Elga Taylor

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	June 29 19 9

FATHER

FULL NAME Glen Taylor

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Arizona

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Lena Campbell

RESIDENCE Burley, Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley Ida

Given names added from a supplemental report. ..... 19.....

Filed July 2 1919 Dr. J. C. Patterson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 7 2 52 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 70186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Taylor (female) (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1919 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on 3 Aug 1919 - 6 Aug 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Beth Elga Taylor

Subscribed and sworn to before me this 28 day of Mar 1980.

Carl A Hall
Notary Public, residing at CARL A. HALL Shelley, Idaho
My commission expires Commission Expires 3-26-83
(Seal)

Signed Leona C. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

151 So. Main - Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Mar, 1980.

Carl A Hall
Notary Public, residing at CARL A. HALL Shelley, Idaho
My commission expires Commission Expires 3-26-83
(Seal)

Signed Elmer T. Cox (Grover)
(Signature of Any Credible Person)

Rt 1 Box 387 Shelley Id 83274
(Street Address, City, State)

FORM DH 60-155

CL 8/7/78

Certi of Blessing from the LDS Church gives nameas Beth Elga Taylor daughter of Glere I Taylor and Leona Campbell born June 29, 1918 at Burley, Idaho Blessed Aug 3, 1919. viewed by VS

MAY 1 3 1980

Certif of Baptism from the LDS Church gives name as Beth Elga Taylor daughter of Glere I. Taylor and Leona E. Campbell born June 291919 at Burley,Idaho Baptized Aug 6, 1927. viewed By V. S.

PLACE OF BIRTH NAME CHANGED BY COURT ORDER 11-2-45

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 315-126-016-976 St.

Registration District No. 117 File No. 70187

Hospital

Primary Registration District No. 2196 Registered No. 1302

FULL NAME OF CHILD James Lance
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 26, 1939

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER

FULL NAME: Matios Idoeta

RESIDENCE: Burley, Idaho

COLOR: Spanish AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Spain

OCCUPATION: Ledging House Keeper

MOTHER

FULL MAIDEN NAME: Rafaela Igos

RESIDENCE: Burley, Idaho

COLOR: Spanish AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Spain

OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Address Burley, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed July 1, 1939 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 12-C—20m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70187

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1302

FULL NAME OF CHILD Santiago ~~Idalta~~ JAMES IDOETA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 26 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Matios ~~Idalta~~ IDOETA	FULL MAIDEN NAME ~~Rafa~~ Rafaela Igos
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR Spaniard AGE AT LAST BIRTHDAY 26 (Years)	COLOR Spaniard AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Lodging House Keeper	OCCUPATION —

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed July 1 1919 Dr. J. C. Patterson Registrar

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 70187

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Santiago James Idoeta (Name on Original Certificate) who born (Was Born or Died) on June 26th, 1919 (Date of Event) in Burley, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Idalta	Idoeta
Mother's name	Rafa	Rafaela

Subscribed and sworn to before me this 26th day of March, 1943

O. E. Norell

Notary Public, residing at Mtn. Home, Idaho.

My commission expires June 7th, 1943.
(Seal)

Signed Rafaela Idoeta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mountain Home, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 1943

O. E. Norell

Notary Public, residing at Mountain Home, Ida.

My commission expires June 7th, 1943.
(Seal)

Signed Adeline E Bell
(Signature of Any Credible Person Other Than Previous Year)

Mountain Home, Idaho.
(Street Address, City, State)

DEC 6 1973

MAR 30 1943

APR 13 1954

A 4204

STATE OF OREGON)
ss.
County of Multnomah)

I, AL L. BROWN, County Clerk and Ex-Officio Clerk of the Circuit Court of the State of Oregon, in and for the County of Multnomah, do hereby certify that on September 26, 1945, James Idoeta filed a petition in the Circuit Court praying that his name be changed from James Idoeta to James Lance; whereupon due notice was published as required by law, and no objections having been filed, the Circuit Court of the County and State aforesaid on the 31st day of October, 1945, entered a decree changing the name of James Idoeta to that of James Lance, which shall henceforth be his true and lawful name.

Due notice of such change was published as required by law.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of said Court this 2nd day of November, 1945.

AL L. BROWN, County Clerk,

By R. Borstung
Deputy.

214-222-016-155

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70188

County of Cassia

City of Burley — Registration District No. 117 — File No.

No. ..... St. — Primary Registration District No. 2196 — Registered No. 1301

Hospital .....

FULL NAME OF CHILD no name

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. L. Samuelson	Edith Jenette
RESIDENCE	Burley R. R. Idaho	Burley R. R. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Oakley, Idaho	Oakley, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D. P. T.
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-208-016-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [illegible] 11-G—[illegible]-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70189

Primary Registration District No. 2196 Registered No. 1300

FULL NAME OF CHILD HAZEL GRACE McCORMICK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. L. McCormick	FULL MAIDEN NAME	Gladys Thompson
RESIDENCE	Burley - Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Omaha
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.
P.F.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed July 1 1919 Dr J. D. Patterson
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Jackson }

Certificate No. 70189

NOV 28 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of the birth (Birth or death)
for Hazel Grace McCormick (Name on original certificate) who born (Was born or died) on June 8, 1919 (Date of event)
in Rupert, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McCormick	Hazel Grace McCormick

Subscribed and sworn to before me this 22nd
day of November, 19 41
John I Lamp My Commission Expires Dec. 8, 1942
Notary Public, residing at Kansas City, Mo.
My commission expires Dec. 8, 1942
[SEAL]

Signed ✕ Gladys Merrifield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7845 Main St., Kansas City, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Jackson }

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of November, 1941
John I Lamp
Notary Public, residing at Kansas City, Mo.
My commission expires My Commission Expires Dec. 8, 1942
[SEAL]

Signed ✕ Mildred Rigby
(Signature of any credible person other than the previous affiant.)

526 Arlington, Kansas City, Mo.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

SEP 15 1966

619-223-016-415

PLACE OF BIRTH

County of Cassia

City of Declo.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

m.V. S. No. 11-C—25m-9-8-17

Registration District No. 117 File No. 70191

Primary Registration District No. 2196 Registered No. 1298

FULL NAME OF CHILD GLADYS FAILS

Sex of Child	Twin ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
F	X	1	Yes	May 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Galvin ~~Dewain~~ Dewain Fails	Winifred Manfull
RESIDENCE	Declo.	Declo.
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Ohio	Idaho
OCCUPATION	Electrician	Housewife

FULL MAIDEN NAME: Nettie Winifred Manfull

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

P.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed ~~May 26~~ July 1st 1919

Dr. J. E. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/19/41 L. B.

3/24/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

7019

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Gladys Fails (Name on original certificate) who Born (Was born or died) on May 23, 1919 (Date of event)
in Declo, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on June 15, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of Father	Calvin Duncan Fails	Calvin Dewain Fails
Name of Mother	Nettie Mansfull	Nettie Winifred Manfull

Subscribed and sworn to before me this
day of MAY 9 1941, 19
Notary Public, residing at Rupert
My commission expires 10-7-44
[SEAL]

Signed Mrs Calvin D. Fails
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Minidoka }

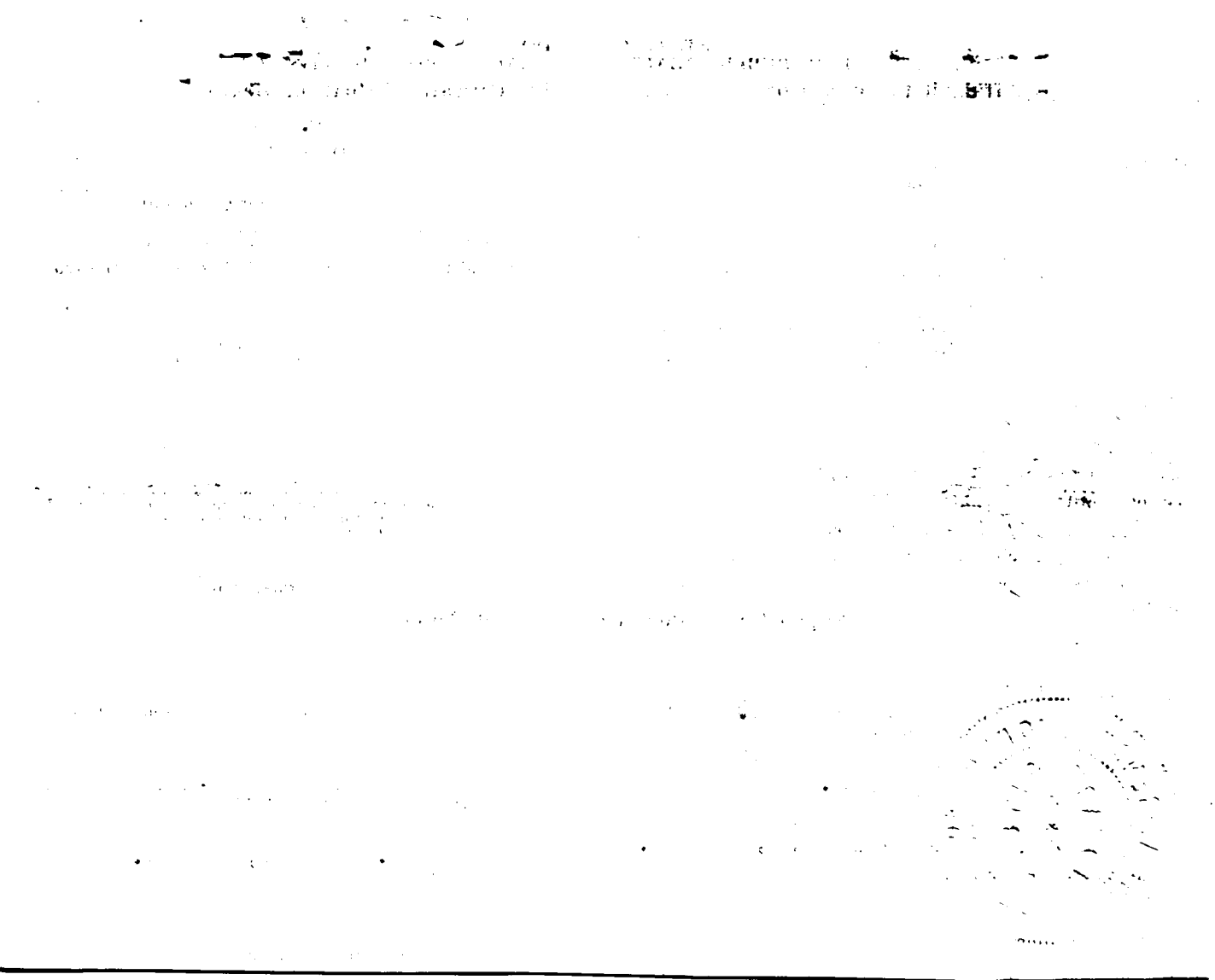
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of May 1941.
Notary Public, residing at Rupert, Idaho.
My commission expires
[SEAL]

Signed Eva M Jones
(Signature of any credible person other than the previous affiant)

724 "E" St. Rupert, Idaho.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)



155-214-016-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70192

Registration District No. 147 File No. [illegible]

Primary Registration District No. 2196 Registered No. 1282

FULL NAME OF CHILD Laurel Anna Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos. A. Jensen	FULL MAIDEN NAME	Jerusha Jones
RESIDENCE	Heyburn Idaho	RESIDENCE	Heyburn Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mayfield Utah	BIRTHPLACE	Manti Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 Lp M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D. P.T.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed July 1st 1919 Dr. J. C. Patterson
Registrar

APR 1 0 1944

692-112-016-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 70193

Registered No. 1283

FULL NAME OF CHILD Etsil Robert Fisher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 12th 19

FATHER		MOTHER	
FULL NAME	R. F. Fisher	FULL MAIDEN NAME	Eula Lewis
RESIDENCE	Declo, Ida.	RESIDENCE	Declo, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Lumber man	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Filed July 1st 19 19 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

249 - 212 - 0164 - 553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

Primary Registration District No. 2196

File No. 70194

1-84 Registered No. 1294

FULL NAME OF CHILD Mary Lariene Burgess

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			yes	June 12 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Burgess	FULL MAIDEN NAME	Edna Mary Nelson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 70194

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Larlene Burgess (Name on Original Certificate) who born (Was Born or Died) on June 12, 1919 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Number of children	4 born, 2 living	2 born, 2 living

Subscribed and sworn to before me this 20 day of June, 1942

Edith N. Church
Notary Public, residing at Boise, Idaho

My commission expires May 16-1944
(Seal)

Signed Edna Mae Burgess
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 1 2 1 5

JUN 2 2 1942

MAR 3 0 1958

453-209-0666-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 2-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 70195

Registered No. 1285

FULL NAME OF CHILD Bonnie Jeanne Mecham MECHAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 9 1919

FATHER		MOTHER	
FULL NAME	J. J. Mecham	FULL MAIDEN NAME	Ellen Allen
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Filed July 1 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 70195

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Mecham (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 9, 1919 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on this date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Bonnie Jeanne Mecham

Subscribed and sworn to before me this 10th
day of January, 19 42.

Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires Nov. 6, 1944.
(SEAL)

Signed Ellen Ruth Mecham Osborn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

P.O. Box 3330, Portland, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 16 1942

JUL 27 1956

314-209-016-895

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70196

County of Cassia

City of Burley

Registration District No. 117

File No.

No. St.

Primary Registration District No. 2196

Registered No. 1286

Hospital

FULL NAME OF CHILD Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 9 1917

FATHER		MOTHER	
FULL NAME	J. A. Campbell.	FULL MAIDEN NAME	Ana Hindmarsh
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	Laundryman	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed July 1st 1917 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-159-016-944

Amended 8-17-77

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

70197

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1387

FULL NAME OF CHILD ..... THOMAS WILLIAM MATTHEWS .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	June 9 19 9

FATHER		MOTHER	
FULL NAME	TIMOTHY Wilford Matthews	FULL MAIDEN NAME	Lillian Ramsey
RESIDENCE	Burley Idaho	RESIDENCE	~~Oakley~~ Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oakley Idaho	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1st 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 26 8 15 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70197

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Mathews (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1919 (Date of Event) in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ½ (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thomas William Matthews
father's name	Wilford Mathews	Timothy Wilford Matthews

Subscribed and sworn to before me this 22 day of July, 1977

Della P. Stimpson
Notary Public, residing at Declo, Idaho
My commission expires May 25, 1980
(Seal)

Signed Oleen Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O Declo Idaho 83323
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of July, 1977

Della P. Stimpson
Notary Public, residing at Declo, Idaho
My commission expires May 25, 1977
(Seal)

Signed Orval Thomas
(Signature of Any Credible Person)

Rt #1 Box 161 Burley Idaho 83318
(Street Address, City, State)

FORM DH 60-155

CL 7/8/77

Certificate of Baptism and Confirmation certifies that Thomas William Matthews son of Timothy Wilford Matthews and Lillian Ramsey born June 9, 1919 at Declo, Idaho was baptized Sept. 3, 1927 in L.D.S.Church.
Viewed by V.S.

Certificate of Ordination certifies that Thomas William Matthews was ordained a teacher in the aaronic priesthood in the L.D.S. Church. on January 7, 1934. Certificate also states father is Timothy Wilford Matthews
Viewed by V.S.

759-205-06-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Albion

Name added 4-27-79

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70198

Primary Registration District No. 2196 Registered No. 1288

FULL NAME OF CHILD FREDA LORRAINE PERRINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 5 1949

FATHER	MOTHER
FULL NAME Sam Perrines	FULL MAIDEN NAME Edna Dora Phippin
RESIDENCE Albion	RESIDENCE Albion
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Grantsville Utah
OCCUPATION Auto Repair man	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Storey M.D. P.T. (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1949 Dr. J. C. Patterson Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 14 1 49 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 70198
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Perrins (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1919 (Date of Event)
in Albion (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Perrins	Freda Lorraine Perrins

Subscribed and sworn to before me this 12th day of March, 19 79.
Notary Public, John R. Holman
Residing at Pocatello, Idaho
My commission expires 4/27/80
(Seal)

Freda Lorraine Perrins
Signature of Applicant
280 Clifford, Blackfoot, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 19 79
Notary Public, John R. Holman
Residing at Pocatello, Idaho
My commission expires 4/27/80
(Seal)

(Perrins)
Verona Tomlinson
Supporting Signature
536 Euclid Pocatello, Idaho
Street Address, City, State

2-26-79

Certificate of Baptism and Confirmation gives name as Freda Lorraine Perrins daughter of Samule Perrins and Edna Phippen born June 5, 1919 at Albion, Cassia County, Idaho. and Baptized Feb. 5, 1928 in L.D.S.Church.
Viewed by V.S.

Certificate of Blessing gives name as Freda Lorraine Perrins daughter of Samuel Perrins and Edna Phippen born June 5, 1919 at Albion, Cassia County, Idaho and blessed December 1919.
Viewed by V.S.

656-101-016-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Cassia Co

City of Burley

No. — St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70199

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 1289

FULL NAME OF CHILD Fred B. Fewkes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Fewkes	FULL MAIDEN NAME	Jane Bowen
RESIDENCE	Burley R. R.	RESIDENCE	Burley R. R.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Upton - Utah	BIRTHPLACE	Upton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Story M.D. P.T.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 1 1919 Dr. J. C. Patterson Registrar

296-101-016-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70200

Primary Registration District No. 2196 Registered No. 1290

FULL NAME OF CHILD Delbert Roy Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 1 1919

FATHER		MOTHER	
FULL NAME	Hyrum Brown	FULL MAIDEN NAME	Florence Walker
RESIDENCE	Burley R. R.	RESIDENCE	Burley R. R.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Provo, Utah	BIRTHPLACE	Pleasant Grove
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 1 1919

Dr. J. C. Patterson Registrar

JAN 20 1945

JAN 18 1945

793-222-016-154

Amended 7/30/79

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
DEPT. OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70201

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 2196

File No. .....

Registered No. 1291

FULL NAME OF CHILD Wilma Gillett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 22, 191[illegible]

FATHER

FULL NAME Lawrence A Gillett

RESIDENCE Burley R. R. Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Tooele, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Wilma Anderson

RESIDENCE Burley R. R. Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Grantsville Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. S. Kooy M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1st 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 16 9 16 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 70201
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Gillette (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 22, 1919 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Gillette	Wilma Gillett
father's last name	Gillette	Gillett

Subscribed and sworn to before me this 26 day of February, 19 79.
Notary Public, Arlene Dempsey
Residing at Rupert Idaho
My commission expires 6-22-81
(Seal)

Wilma Gillett
Signature of Applicant
Rt #2 Box 95 Burley Idaho 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of February, 19 79.
Notary Public, Arlene Dempsey
Residing at Rupert Idaho
My commission expires 6-22-81
(Seal)

Genevieve Olsen
Supporting Signature
111 W Main Declo Idaho
Street Address, City, State

K

CL 2/12/79 ret'd $6 check

1 cp pd - rec #12589

Life Ins Policy from Beneficial Life Ins. Co. gives name as Wilma Gillett Thurston No 196881. age 21. viewed by V. S.

JUL 30 1979

Diploma from Public Schools, of Idaho gives name as Wilma Gilett. dated May 25, 1934. viewed by V. S.

266 - 213 - 016 - 345

Amended 3/7/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70202
Local Reg. No. 1292
Reg. Dist. No. 117

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elna
b. (Middle): Ruth
c. (Last): Bowen

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) June (Day) 13, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Daniel
b. (Middle):
c. (Last): Bowen

8. AGE (At time of this birth): 33 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Harriman, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida
b. (Middle): E.
c. (Last): Tueller

13. AGE (At time of this birth): 25 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Paris, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. T. Story
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 7-1-19
22. REGISTRAR'S SIGNATURE: Dr. J. C. Patterson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ ~~WEEKS~~
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

~~Certificate of Blessing gives name as Allece Johnson. Dated June 6, 19..~~
~~Viewed by VS.~~

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 70202

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Edna Ruth Bowen (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1919 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Edna Ruth Bowen	Elna Ruth Bowen

Subscribed and sworn to before me this 24th day of August, 1961

J. C. Jackson
Notary Public, residing at Meridian
My commission expires My Commission Expires August 12, 1962
(Seal)

Signed Ida T. Bowen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

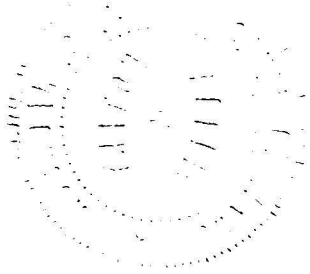
(Street Address, City, State)

FORM DH 60-155

1 copy paid 8-25-61

Registration of Apprentice Cosmetician gives name As Elna Bowen. Dated September 28, 1938. Viewed by VS.

Certificate of Blessing of child gives name as Elna Bowen. Dated May 27, 1951. Viewed by VS.



3 1 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 1 10 51 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... Certificate No. 70202

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Elna Ruth Bowen (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1919 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	June 3, 1919	June 13, 1919

Subscribed and sworn to before me this 1 day of March, 1974

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Erik G. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6015 Lindon Way Salt Lake City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Certificate of Blessing LDS Church,View Ward , Cassia Stake No. 87 Elna Ruth Bowen born June 13, 1919 at View, Idaho.
Viewed by VS

Certificate of Baptism & Confirmation LDS Church,Burley, Idaho gives name as Elna Ruth Bowen born June 13, 1919 at View, Idaho.
Viewed by VS

amended 8-31-61

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70202
Local Reg. No. 1292
Reg. Dist. No. 117

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elna
b. (Middle): Ruth
c. (Last): Bowen

4. SEX: female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 3 (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Daniel
b. (Middle):
c. (Last): Bowen

8. COLOR OR RACE: white

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Harriman, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farmer

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida
b. (Middle): E.
c. (Last): Tueller

13. COLOR OR RACE: white

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Paris, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: R. T. Story M.D.

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 7-1-19

20. REGISTRAR'S SIGNATURE: Dr. J. C. Patterson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

FURNISHED BY DIVISION OF VITAL STATISTICS, ...

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 70202

Registered No. 1292

FULL NAME OF CHILD Edna Ruth Bowen

Sex of Child Female

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 3 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Bowen	FULL MAIDEN NAME	Ida E Tueller
RESIDENCE	Burley R. R. Idaho	RESIDENCE	Burley R. R. Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Harriman Utah	BIRTHPLACE	Paris Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Stoey M.D. P.F.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed July 1st 1919 Dr. J. C. Patterson
Registrar

AUG 31 1961

FEB 6 1974

MAR 7 1974

366-115-016-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital ..... /

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70203

Primary Registration District No. 2196 Registered No. 1293

FULL NAME OF CHILD Elmer Kenneth Lowder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		—	yes	June 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. F. Lowder	FULL MAIDEN NAME	Frances Bunn
RESIDENCE	Burley R. R. Ida	RESIDENCE	Burley R. R. Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bountiful, Utah	BIRTHPLACE	Little Basin, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 40 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Skory M. D. P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed July 1st 1919 Dr. J. C. Patterson Registrar

JUN 2 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

BUREAU OF VITAL STATISTICS
JUL 21 3 11 PM '78

Certificate No. 70203

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lowder (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 15, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elmer Kenneth Lowder

Subscribed and sworn to before me this 21st day of July, 1978.

Florence Curtright
Notary Public, residing at Burley
My commission expires Life time
(Seal)

Signed Elmer K. Lowder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

CL 6/29/76 lbc pd. rec. # 16657

Honorable Discharge from the Civilian Conservation Corps onMay 19, 1938.
This record gives name as Elmer Kenneth Lowder, # CC 9 264076 . Enrolled January 5, 1938 at Pocatello, Idaho. and Dischared May 1938.
Viewed by V.S.

Military Discharge from the Army gives name as Elmer Kenneth Louder borm June 15, 1919, in Declo, Idaho. Entered Service Drpy/ Sept. 16, 19 40 and Discharged August 1944.
Viewed by V.S.

465-224-016-163

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70204

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 1294

FULL NAME OF CHILD Nila Moncur

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Wallace Moncur	FULL MAIDEN NAME	Annie Jolly
RESIDENCE	Burley R. R. Ida	RESIDENCE	Burley R. R. Idah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Mt. Carmel Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D. P.T.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 1st 1919 Dr. J. C. Patterson

Registrar

437-108-016-497

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70205

Primary Registration District No. 2196 Registered No. 1295

FULL NAME OF CHILD Ralph Mix McGarraugh

Sex of Child M | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 8 (Month) (Day) 191.9 (Year)

FATHER	MOTHER
FULL NAME Walter Jay McGarraugh	FULL MAIDEN NAME Boathia Martha Mix
RESIDENCE Albion	RESIDENCE Albion
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Kans
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Elmore

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 19 19

July 11 1919

A. H. Elmore

Dr. J. C. Patterson Registrar

SEP 2 2 1941

685-226-016-314

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Declo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 70206

Primary Registration District No. 2196 Registered No. 1896

FULL NAME OF CHILD Ethel May Wheeler

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	5 26 1909

FATHER		MOTHER	
FULL NAME	Deama Wheeler	FULL MAIDEN NAME	Florence Tadlock
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Stevenson

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 1 1909

Dr. J. C. Patterson

Registrar

JUN 17 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Declo (Cassia) } ss.

JUN 9 10 51 AM '81

Certificate No. 70206
Date Filed 2-2, 1981

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Wheeler (Named after Tathers Sister) (Name on Original Certificate) who was born (Was Born, ~~Died, etc.~~) on May 26, 1919 (Date of Event)

in Declo (Cassia) Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Ethel May Wheeler (my Name when born)
Ethel May Wheeler	First Husband	Ethel May Nordeste Died Deceased
	Second Husband	Ethel May Madriago 33 yrs married 1948

X Subscribed and sworn to before me this 14 day of May 1981

Notary Public Kelly Nordeste
Residing at 5201 El Paraiso Ave Sac 95824
My Commission Expires 1-13-84

KELLY NORDESTE
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Expires Apr. 13, 1984

X Ethel May Madriago Married Name
Signature of Applicant

5193 = El Paraiso ave, Sacto, Calif. 95824
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SACRAMENTO } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May 1981

Notary Public Kelly Nordeste
Residing at 5201 El Paraiso Ave Sac 95824
My commission expires 1-13-84

KELLY NORDESTE
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Expires Apr. 13, 1984

Violet Davis
Supporting Signature

3904 - 4 st Sac Cal
Street Address, City, State

(Seal)

School record issued by Sacramento Schools gives name as Ethel Wheeler born May 26, 1919 to Dean Wheeler. School year of June 30 - 1926.
Viewed by V.S.

The prudential Insurance Company of America, Policy # 14 212 288, gives name as Ethel M Nordesto, born May 26, 1919, at Declo, Idaho. Policy issued March 5, 1976.
Viewed by V.S.

These are Both Correct Leo J. Nordesto has passed away I was married to him
I Remarried Dec. 13, 48 to LeRoy P. Madrigas
Reno Nevada
I was Born Declo Idaho 5-26-1919 to (Father) Albert
Dean Wheeler + Mother Florence May Wheeler
Maiden name Sadlock mother They were Mama + Papa Was Married Date
Twin Falls Idaho mothers first Husband Last name
Kidd I am not sure about the Spelling
of Kud or Kidd as the Lic is so old not very
Clear please send Birth Certificate as soon as
possible

Ethel May Madrigas
5193 = El Parairo ave
Sacto Calif 95824

145-130-016-351

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. 117 File No. 70207

Primary Registration District No. 2196 Registered No. 1297

FULL NAME OF CHILD Robert Elmore Amende

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter H. Amende	FULL MAIDEN NAME	Bessie Magdalene Hackey
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Att Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Ida

Filed July 1st 1919 Dr. J. C. Patterson

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 70207

State of ..... } ss.
County of .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	May 31, 1919	May 30, 1919

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 16 1943

295-226-042-533

[redacted] BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70208

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. St.

Primary Registration District No.

Registered No. 40

Hospital

FULL NAME OF CHILD Hazel Lena Breazeale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. B. Breazeale	FULL MAIDEN NAME	Grace May Ellis
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Kimberly

Registrar

Filed July 8 1919 Mrs Anna Lamison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NTRIS
[redacted]
JUN 1 8 1969

81-228
002-689

PLACE OF BIRTH

County of Twin Falls

City of McMaugh

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-17

70209

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 41

FULL NAME OF CHILD ..... Hall, Nellie Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 26 1919

FATHER		MOTHER	
FULL NAME	Willie C. Hall	FULL MAIDEN NAME	Nellie Odella Whitworth
RESIDENCE	McTaugh	RESIDENCE	McTaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kans
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly

Filed July 8 1919 Mrs. Emma Garrison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued 3-5-41. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home --- days.
In **THIS** county 10 years 11 month 27 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Murtaugh, Ida.

3. **RESIDENCE of FATHER** (city, state) Murtaugh, Ida.

4. **FULL NAME OF CHILD** Nellie Margaret Hall

5. Date of Birth (Month, day, year) June 28, 1919

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William C. Hall
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Knoxville, (City or town) Tennessee (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business W. C. Hall - Gen. Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Adella Whitworth
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Waterville, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

RECEIVED
MAR 3 1941

26. (a) ___ (Date received) (b) ___ (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's **OWN signature** ___ M.D. (D.O., Midwife, etc.)
and address ___ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Whitworth Hall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Margaret Hall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. N. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie Whitworth Hall Signature
636 Linden (#5) Long Beach, Calif P.O. Address

Subscribed and sworn to before me on this 28th day of February 1941

(SEAL)

Notary Public residing at 640 Jergins Trust Building, Long Beach, California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513-125-042-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 70210

Primary Registration District No. ..... Registered No. 39

FULL NAME OF CHILD Ralph Robey Eaton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 26 1917

FATHER

FULL NAME Ray Alfred Eaton

RESIDENCE Rock Creek

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebr.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice Douglas Hartley

RESIDENCE Rock Creek

COLOR AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE N. C.

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly Idaho

..... Registrar

Filed June 26 19 19 Mrs. Anna Jamison

OCT 13 1972

469-208
021-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 70211

Registered No. 154

FULL NAME OF CHILD Barbara Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Leroy Morgan	FULL MAIDEN NAME	Alta Smith
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed July 9 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653.112-021-967

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70212

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 130

FULL NAME OF CHILD JOSEPH ROPER FELLOWS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Elias Fellows	FULL MAIDEN NAME	Maggie Elis Roper
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed July 2 1919 Dr A R Cutler

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin

FEB 18 1942

Certificate No. 70212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Joseph Roger Fellows

Subscribed and sworn to before me this 16
day of Feb, 1942

Notary Public, residing at Preston Ida

My commission expires May 1 - 1945
(Seal)

Signed William E. Fellows
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of Feb, 1942

Notary Public, residing at Preston Ida

My commission expires May 1 - 1945
(Seal)

Signed Wilford L. Bosworth
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida
(Street Address, City, State)

FEB 21 1942

632 - 123
003 - 154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70213

PLACE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 131

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 23 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Angus Olson	Kristina Anderson
RESIDENCE	Oxford, Idaho	Oxford, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Idaho	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hart
Physician
(Physician or midwife)
Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed July 2 1917 D. A. Curtis
Registrar

253-125
021-414

PLACE OF BIRTH

Form V. S. No. 11-C 25m-9-8-17

STATE OF IDAHO
OF VITAL STATISTICS

TIFICATE OF BIRTH

70214

County of Franklin

City of Preston

Registration District No. 7

File No.

No. St.

Primary Registration District No. 219

Registered No. 132

Hospital

FULL NAME OF CHILD ....CECIL VAY BECKSTEAD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 25 1916

FATHER		MOTHER	
FULL NAME	William Leon Beckstead	FULL MAIDEN NAME	Cora Maughan
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 2 19 9 D. A. Cullen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 70214

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Cecil Vay Beckstead (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 25 - 1919 (DATE OF EVENT) in Preston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Beckstead	Cecil Vay Beckstead

Subscribed and sworn to before me this 14 day of February, 1942

Notary Public, residing at Preston Idaho

My commission expires Feb. 10th 1943.

(SEAL)

Signed W. S. Beckstead

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 21 1942

MAY 21 1942

749-226-021-749

Name added 7-9-81

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70215

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 249

File No. .....

Registered No. 133

FULL NAME OF CHILD CARMA PORTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	June 26 (Month) (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Jerome Porter	FULL MAIDEN NAME	Maud Ida Durrant
RESIDENCE	Franklin Co Ida	RESIDENCE	Franklin Co Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Filed June 29 1916 Curtis Bland Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

4-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 9 32 AM '81

State of _____ } ss.
County of _____

Certificate No. 70215
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Porter (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-26-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Karma Porter
	Carma	
*Documents all fc	gave spelling of Carma - Had	to add Carma to Certificate

Subscribed and sworn to before me this 12th day of May 19 81

Notary Public, LaRae E. Johnson
Residing at Preston Idaho
My commission expires Lifetime
(Seal)

Karma Floyd
Signature of Applicant
Route #1 Wendell, Ida. 83355
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho } ss.
County of Franklin

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May 19 81

Notary Public, LaRae E. Johnson
Residing at Preston Idaho
My commission expires Lifetime
(Seal)

/s Victor Porter
Supporting Signature
/ Box 197 Franklin Idaho 83237
Street Address, City, State

1 cc pd

Micro Film of church record gives name as Carma Porter recorded on page 670 line 783. Baptized and confirmed 1929, Page 126 line 783.
Viewed by V.S.

JUL 16 1981

Family Record shows name as Carma Porter born June 26, 1919, to Benjamin Jerome Porter and Maud Ida Durrant. Record issued 1929.
Viewed by V.S.

689-228-021-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended 11/2/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70216

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 134

FULL NAME OF CHILD Edris Whittle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	June 28 1919

FATHER		MOTHER	
FULL NAME	William Monroe Whittle	FULL MAIDEN NAME	Bertha Estelle Thompson
RESIDENCE	Fairview, Franklin Co. Idaho	RESIDENCE	Fairview, Franklin Co. Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Registrar

Filed July 2 1919

Dr A R Cutler

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 23 4 27 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 70216

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Whittle (female) (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1919 (Date of Event)

in Fairview, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edris Whittle

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1978

Sharon D. Beach

Notary Public, residing at Lodi, Ca.

My commission expires 3-5-86

(Seal)

OFFICIAL SEAL
SHARON D. BEACH
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SAN JOAQUIN
My Commission Expires Feb. 1, 1980

Signed W. A. Wright
(Signature of Any Credible Person)

14 N. Wellington Way Lodi, Ca.
(Street Address, City, State)

FORM DH 40-185

CL 5/31/78 RUSH

NOV 3 1978

Certif of Baptism and Confirmation to the LDs Church gives name a Edris Whittle dau
Daughter of Wm. Whittle and Bertha Thompson born June 28, 1919 at Fariveiw,
Idaho. Baptized June 28, 1927. viewed by V. S.

Certif of Blessing from the LDS Church gives s name as Edris Whittle daughter
of Wm. M. Whittle and Bertha Thompson. born June 28, 1919 at Fairview, Idaho
Blessed Aug. 3, 1919. viewed by V, S.

714-229-021-236

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 70217

Primary Registration District No. 2119

Registered No. 135

FULL NAME OF CHILD LUCILLE GAMBLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Y	June 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Siddoway Gamble	FULL MAIDEN NAME	Ida Leona Stokes
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 Am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston Idaho

Filed July 2 1919 Dr A R Curtis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Franklin }

Certificate No. 70217

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lucille Gamble (Name on Original Certificate) who was born (Was Born or Died) on June 29- 1919 (Date of Event) in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lucille Gamble

Subscribed and sworn to before me this 12 day of [illegible], 19 43

[illegible]
Notary Public, residing at Preston Idaho

My commission expires 1/21/45
(Seal)

Signed Harry Gamble
(Signature of parent of attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Franklin }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of [illegible], 19 43

[illegible]
Notary Public, residing at Preston Idaho

My commission expires 1/21/45
(Seal)

Signed M. B. Funk
(Signature of Any Credible Person Other Than Previous Year)

Preston Idaho
(Street Address, City, State)

JUN 15 1943

123-209-021-155

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 70218

No. ..... St.

Primary Registration District No. 2119 Registered No. 139

Hospital .....

FULL NAME OF CHILD Christena Rachel Able

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 5 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Herald Able	FULL MAIDEN NAME	Lila Jensen
RESIDENCE	Lewiston Utah	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 5—1919 at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weston Idaho

Filed July 3 1919 Dr. R. Cutler
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-126-021-253

PLACE OF BIRTH

County of Franklin

City of Weston Idaho

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70219

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 140

FULL NAME OF CHILD Wallace Monson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7	yes	June 26 1919

FATHER	MOTHER
FULL NAME A J Monson	FULL MAIDEN NAME Mary J Bell
RESIDENCE Weston Idaho	RESIDENCE Weston Idaho
COLOR white AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Weston Idaho	BIRTHPLACE Weston Idaho
OCCUPATION Farmer	OCCUPATION House Keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-A. M. on the date above stated.

(Signature) Thos B. Holder M.D.
Physician
(Physician or midwife)

Address Weston Idaho

Filed July 3 19 19 D.A.R. Cobb
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-204-021-299 Child's name added 2-5-92 MCM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 70220

Primary Registration District No. 2119

Registered No. 138

FULL NAME OF CHILD ROSALEEN PACKER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Melvin Packer	FULL MAIDEN NAME	Cleslia V. Bright
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Riverdale Ida	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed July 2 1919 [signature]

Registrar

Registrar

8-23-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 6 1992 um
VITAL STATISTICS UNIT

State of Utah
County of Davis } ss.

Certificate No. 70220
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Packer (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 4, 1919 (Date of Event)

in Riverdale (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rosaleen Packer

Subscribed and sworn to before me this 3rd day of January, 1992

Notary Public, Janna Barnum
Residing at Roy Ville, Utah
My commission expires 3-30-93
(Seal)

NOTARY PUBLIC
Comm. Exp. 3-30-93
JANNA BARNUM
Continental Bank & Trust
206 N Univ
Provo UT
84601
STATE OF UTAH

X Rosaleen P. Stucki
Signature of Applicant

X 594 E 1200 N Blfd Ut 84010
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Blessing from LDS Church dated July 6, 1919 gives name as Rosaleen Packer daughter of Wm. M. Packer and Celesta Bright born June 4, 1919 at Riverdale, Franklin Co., Idaho Blessed July 6,1919. viewed by VS FEB 1992

UT birth certificate shows Carolyn Stucki born Dec 15, 1959 in Bountiful to Golden Autumn Stucki and Rosaleen Packer age 40 and born in ID and filed Feb 1960. Viewed by VS.

219-105-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Treasurton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 70221

Registered No. 137

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	T.J. Bargu	FULL MAIDEN NAME	Pearl M.Nelson
RESIDENCE	Treasurton Idaho	RESIDENCE	Treausurton Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Red Rock	BIRTHPLACE	Smith field Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:18 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed July 2 1919

[signature] Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 2 8 1973

469-107-021-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

C—25m-9-8-17

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 10222

Registered No. 136

FULL NAME OF CHILD BURNATH MAURICE MORGAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra B. Morgan	FULL MAIDEN NAME	Myrtle Whitney
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Logan Uath	BIRTHPLACE	Milville Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed July 2 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 70222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Burnath Maurice Morgan

Subscribed and sworn to before me this 13 day of May, 1943.

_____
Notary Public, residing at Preston Idaho
My commission expires 1/21/45
(Seal)

Signed Myrtle Whitney Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of May, 1943.

_____
Notary Public, residing at Preston Idaho
My commission expires 1/21/45
(Seal)

Signed Mrs. M. E. Whitney
(Signature of Any Credible Person Other Than Previous Year)

Weston Idaho
(Street Address, City, State)

MAY 20 1943

142-101-021-363 name added 4/14/81

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2169

70223

File No. .....

Registered No. 457 143

FULL NAME OF CHILD Lester Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Austin	FULL MAIDEN NAME	Ida Kazian Cole
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Curtis

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 8 1919 D A Curtis Registrar

2-27-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 12 8 27 AM '81

State of Idaho
County of Franklin } ss.

Certificate No. 70223
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Austin (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-1-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Lester Austin~~

Subscribed and sworn to before me this 9th day of March 1981.
Notary Public, LaRae E. Johnson
Residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Lester Austin
Signature of Applicant
Lewiston Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March 1981
Notary Public, LaRae E. Johnson
Residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Supporting Signature
60 So 4 West Preston Idaho
Street Address, City, State

1 cc pd

APR 17 1991

Certif of Baptism from the LDS Church gives name as Lester Austin son od John Austin and Ida Cole. born July 1, 1919 in Preston, Idaho. Baptized May 27, 1928 viewed by B. y V. S.

Insurance application from Beneficial Life Ins. Co. gives name as Lester Austin bornJuly 1, 1919 in Idaho. datedNov 17, 1961 viewed by V. S.

319-202-021-819

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 70224

Registered No. ~~56~~ 142

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 2 1919

FATHER		MOTHER	
FULL NAME	Victor Carlson	FULL MAIDEN NAME	Georgena Harton
RESIDENCE	Preston Ida	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Denmark	BIRTHPLACE	Ireland
OCCUPATION	~~Farmer~~ Plastorer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3;P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed July 8 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-202-021-815
Name added 3-2-84 fc

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 70225

Registered No. ~~38~~ 141

FULL NAME OF CHILD IDA WINWARD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abraham Winward	FULL MAIDEN NAME	Elia Marie Hansen
RESIDENCE	Whitney Idaho	RESIDENCE	Whitney Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:20P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed July 8 1919 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. Rec'd March 2, 1984
County of _____ }

Certificate No. 70225
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Winward (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 2, 1919 (Date of Event) in Whitney (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Ida Winward

Subscribed and sworn to before me this 2nd day of March, 1984.
Notary Public, Florence Curtright
Residing at Boise
My commission expires 4-20-86
(Seal)

Ida Roberts
Signature of Applicant
915 Colthorp, Mtn. Home, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security Card gives name as Ida Winward Roberts, # 518 05 6304
Card issued July 1954.
Viewed by V.S.

Own child's birth on file with Vital Statistics - shows mother's maiden name as Max Dee Roberts born May 23, 1943, in Blackfoot, Idaho, state file # 373123
Viewed by V.S.

262-105-021-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 70226

Primary Registration District No. 2119 Registered No. 144

FULL NAME OF CHILD Reid Cole Bosworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 5 1919

FATHER	MOTHER
FULL NAME: Ephriam Bosworth	FULL MAIDEN NAME: Elizabeth Ingle Cole
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Curtis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed July 5 1919 Albert Curtis Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of...Franklin.....

AUG 27 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 25 1970
Bureau of Vital Statistics

State of Idaho } ss.
County of Franklin }

Certificate No. 70226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bosworth (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Feb. 26, 1948 & Aug. 22, 1970 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Reid Cole Bosworth

Subscribed and sworn to before me this 24 day of August, 19 70

Notary Public, residing at Preston, Idaho
My commission expires 6-16-74
(Seal)

Signed Reid Cole Bosworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

135 N 1st W Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of August, 1970

Notary Public, residing at Preston, Idaho
My commission expires 4-16-74
(Seal)

Signed [signature] (Signature of Any Credible Person)

247 So 3rd East (Street Address, City, State)

FORM DH 60-155 CL 10-11-65. one copy pd. rec. #1125.

Certificate of birth from LDS Church dated Feb. 26, 1948. gives child's name as Reid Cole Bosworth. Born July 6, 19191at Preston, Idaho. Father's name Ephriam and mother's maiden name Elizabeth Cole. Signed by Joseph Fielding Smith, Historian of the Church and ex officio Custodian of its records. Viewed by V.,S.

Certificate of Membership to the Church of Later day Saints gives name as Reid Cole Bosworth. Date of birth as July 4, 1919 at Preston, Idaho. Was blessed Oct. 6, 1919 by Ephriam Bosworth. Wife's name as Jenell Larsen. Last child's birth date Oct. 21, 1954. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR

...n V. S. No. 11-C—Mm.

...ATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ..... Franklin ...

City of ..... Mink Creek ...

No. 253-207-021-389 ..... St.

Hospital .....

Registration District No. ..... 27 .....

File No. 70227

Primary Registration District No. ..... 2119 .....

Registered No. ..... 145 .....

FULL NAME OF CHILD ..... MARVEL KELLER .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adim A. Keller	FULL MAIDEN NAME	Elvina Christenson
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mautway Utah	BIRTHPLACE	Mink Creek Idaho
OCCUPATION	Farmer & Stock Man	OCCUPATION	House wife

Number of child of this mother, including present birth .... 4 .... Number of children of this mother now living, including present birth .... 4 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ..... at ..... 5:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... [signature] .....

..... Physician .....
(Physician or midwife)

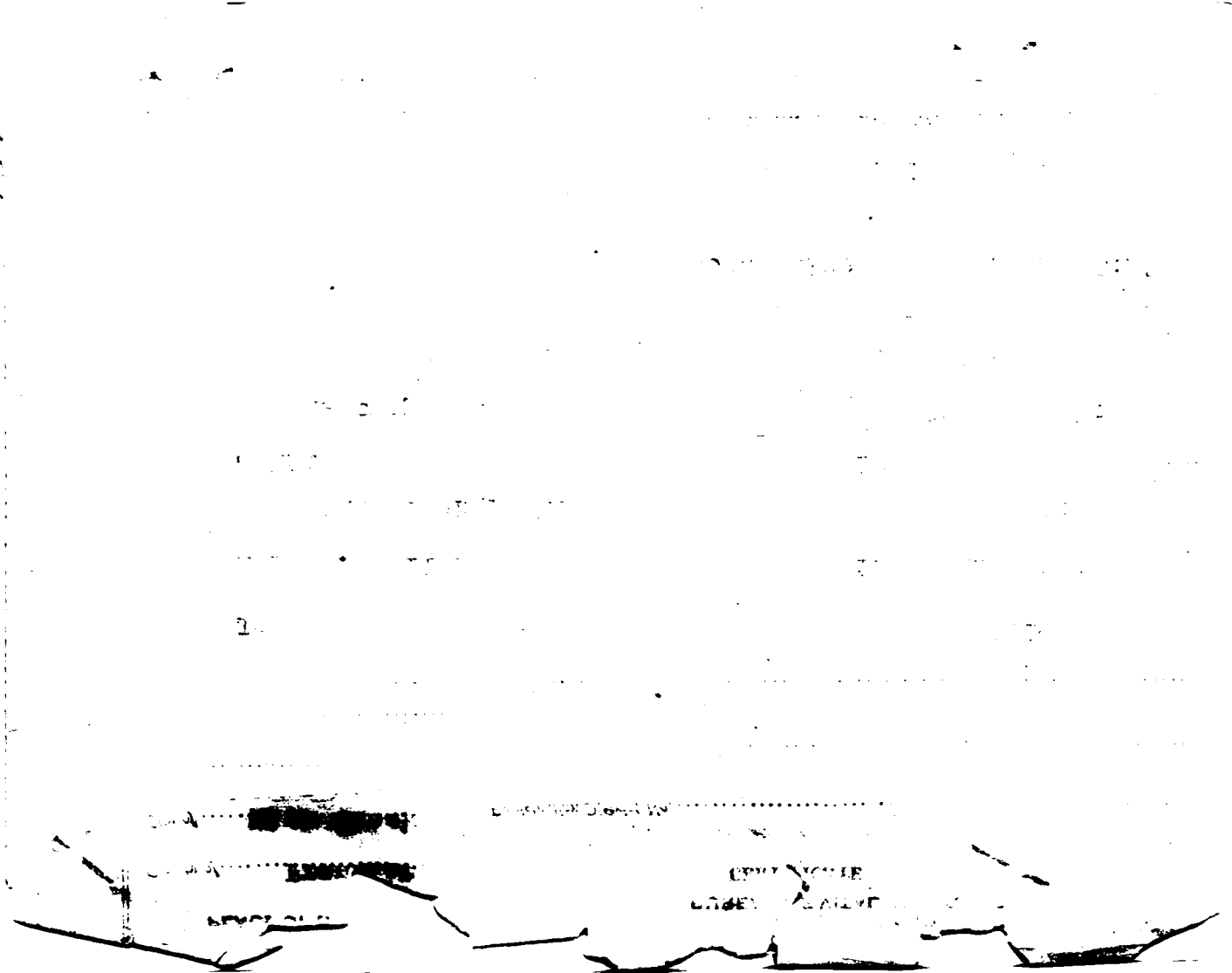
Given names added from a supplemental report.

..... 19 .....

Address ..... Preston Idaho .....

..... Registrar

Filed July 8 1919 ..... [signature] .....
Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 70227

State of Idaho }
County of Franklin } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marvel Keller

Subscribed and sworn to before me this 16th day of August, 19 43

Notary Public, residing at Preston, Ida.

My commission expires May 1st 1945.

(Seal)

Signed Elvera Christensen Keller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Mink Creek. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho }
County of Franklin } ss.

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th. day of August, 19 43.

Notary Public, residing at Preston, Ida

My commission expires May 1st 1945.

(Seal)

Signed Adam Keller
(Signature of Any Credible Person Other Than Previous Year) (Father)

Mink Creek, Idaho
(Street Address, City, State)

AUG 19 1943

449-106-021-365

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

70228

County of Franklin

Amended 7/31/78

City of Mapelton

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 146

Hospital

FULL NAME OF CHILD Randell Long Dursteler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 6 1919

FATHER		MOTHER	
FULL NAME	Henry R. Dursteler	FULL MAIDEN NAME	Clemma D. Long
RESIDENCE	Mapelton Idaho	RESIDENCE	Mapelton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Whit ney Idaho	BIRTHPLACE	Missippi
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2;30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed July 8 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 23 2 01 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70228

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Durstiller (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1919 (Date of Event)
in Mapleton, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's name	Durstiller	Dursteler
child's name	Unnamed Durstiller	Randell Long Dursteler
mother's name as	Elmma D. Long	Clemma D. Long

Subscribed and sworn to before me this 20th day of January, 1978.

Elaine Larson

Notary Public, residing at Preston, Idaho

My commission expires non expiring

(Seal)

Signed Clemma D. Dursteler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1978.

Elaine Larson

Notary Public, residing at Preston, Idaho

My commission expires non expiring

(Seal)

Signed Vinora H. Dursteler

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 1/24/78 ret'd $1

Certif of Birth from the LDS Church gives name as Randell L. Dursteler born July 6, 1919 at Mapleton, Idaho. Father's name as Henry R. Dursteler and mother's maiden name as Clemma Long. entered on record Aug 3, 1919. viewed by V. S.

AUG 1 1978

Temple recomend from LDS Church dated Jan 13, 1943 gives name as Randell Lon Dusteler obrn July 6, 1917. baptized Nov 6, 1927. father's name as Henry R. Dursteler and mother's name as Clemma Long. viewed by V. S.

Sealing of Children to paretns for Randa Kathrine Durstelr xxxx born Apr1 27, 1942 at Portola, Calif. dated Jan 13,1943. father's nameas Randell Long Durstler and Virgia Vinora Hansen. viewed by V. S.

253-230-021-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70229

County of Franklin

City of Mapelton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 147

FULL NAME OF CHILD Vera June Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Janeus E Keller	Vera Hawks
RESIDENCE	Mapelton Idaho	Mapelton Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	32 (Years)	25 (Years)
BIRTHPLACE	Mink Creek Idaho	Franklin Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth .... 4 ... Number of children of this mother now living, including present birth .... 4 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drake Crutto

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 8 1919 Drake Crutto Registrar

2-1-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 19 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70229

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Keller (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1919 (Date of Event)
in Mapleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Vera June Keller
		Vera June Keller Manning

Subscribed and sworn to before me this 5 day of Feb, 1971

Notary Public, residing at Mapleton

My commission expires June 7, 1971

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Feb, 1971

Notary Public, residing at Montpelier

My commission expires June 7, 1971

(Seal)

Signed Harold B Hamilton
(Signature of Any Credible Person)

1868 S. 8850 W. Magna Utah
(Street Address, City, State)

FORM DH 60. 155

Certificate of Blessing gives name as Vera June Keller daughter of James Enoch Kelle and Vera Hawks born June 30, 1919 at Mapleton, Idaho. Blessed August 3, 1919. in L.D.S.Church.
Viewed by V.S.

MAR 1 2 1971

Certificate of Baptism and Confirmation gives name as Vera June Keller born June 30, 1919 at Mapleton, Idaho. Father Janeus Keller and Mother= Florence Hawkes Baptized July 2, 1927 in L.D.S. Church.
Viewed by V.S.

262-223-021-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70230

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 57

Primary Registration District No. 2119

File No. .....

Registered No. 248

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Melvin J Boshop	FULL MAIDEN NAME	Polly Ocelia Winward
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Murry Utah	BIRTHPLACE	South Jordon Utah
OCCUPATION	Teller In Bank	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10;A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed July 8 1919

[signature] Registrar

Registrar

292-223-021-895

PLACE OF BIRTH name added 3-11-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH 70231

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 149

FULL NAME OF CHILD Ila Bishop

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	June 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin J. Bishop	FULL MAIDEN NAME	Polly Ocelia Winward
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Murry Utah	BIRTHPLACE	South Jordan Utah
OCCUPATION	Teller In Bank	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed July 8 1919

[signature] Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-19-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 9 9 20 AM '82

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 70231
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bishop (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-23-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ila Bishop

Subscribed and sworn to before me this 23rd day of February, 1982

Notary Public, Shirley R. Simpson
Residing at San Leandro, Calif.
My commission expires April 30, 1982
(Seal)

X Ila Dalley
Signature of Applicant
17316 Via Alamitos San Lorenzo, Ca. 94580
Street Address, City, State

OFFICIAL SEAL
SHIRLEY R. SIMPSON
NOTARY PUBLIC — CALIFORNIA
COUNTY OF ALAMEDA
My Commission Expires April 30, 1982

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Orion W Packer
Supporting Signature
2941 Burdett DR Oakland Calif
Street Address, City, State
94602

1 cc pd

LDS Church record gives Ila Bishop born 6-23-19 in Preston to Melvin J Bishop and Polly Winward was blessed 9-14-19.

MAR 11 1982

LDS Certificate of Baptism gives Ila Bishop born 6-23-19 in Preston to Melvin J Bishop and Polly Winward was baptised 6-23-27. Viewed by V.S

MAR 25 1982

689-222-021-217

Child's name added, mother's name & father's age amended 3-20-87 lh

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-8-8-17

CERTIFICATE OF BIRTH

70232

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 150

FULL NAME OF CHILD Pearl White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 22 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Francis White	FULL MAIDEN NAME	Emily ~~Emma~~ S Baggs
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	~~30~~ 39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 ..... Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed July 8 1919

Dr A R Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

attached
Copy Blessing Certificate
Baptismal Certificate
Marriage Certificate

12-5-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

FEB 5 1987

Bureau of Vital Statistics Standards and Local Health Services

State of _____ } ss.
County of _____ }

Certificate No. 70232
Date Filed _____

The undersigned does solemnly swear that certain facts on the birth

for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 22, 1919 (Date of Event)

in Dayton, Franklin Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Pearl White
1. MOTHERS NAME	EMMA S. BAGGS	EMILY S. BAGGS
FATHERS AGE	30	39

Subscribed and sworn to before me this _____ day of
February, 1987
Notary Public, Tami Pigney
Residing at Ogden Utah
My commission expires May 20 1990
(Seal)

x Pearl White Weaver
Signature of Applicant
456-23rd St Ogden Ut 84401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of
February, 1987
Notary Public, Tami Pigney
Residing at Ogden Utah
My commission expires May 20 1990
(Seal)

Loretta Marie White Saunders
Supporting Signature

Street Address, City, State

MAR 2 0 1987

Certificate of Baptism from LDS Church gives name as Pearl White daughter of George F. White and Emily Boggs, born June 22, 1919 at Dayton, ID. Baptized Aug. 6, 1927.
Viewed by V.S.

Certificate of Blessing from LDS Church gives name as Pearl White daughter of Geo. White and Emily Baggs, born June 22, 1919 at Dayton, Franklin Co., ID. Blessed Aug. 3, 1919.
Viewed by V.S.

Obituary ob George F. White 'Memorial Obituary' published in the Ogden Standard Examiner, Ogden, UT Jan. 28, 1970 gives date of birth as Oc.t 21, 1879, born in Farmington, UT. Died at age 90 on Jan. 27, 1970.
Viewed by V.S.

Birth certificate of Marie White born Jan. 21, 1913 born in Preston, ID S.F.# 12684 gives father as Geo. Francis White, age 33, born in Farmington, UT.
Viewed by V.S.

266-117-021-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70233

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 57

File No. .....

Primary Registration District No. 2119

Registered No. 151

FULL NAME OF CHILD WELDON CROCKETT KOFOED

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Andrew Kofoed	FULL MAIDEN NAME	Iva Maud Crockett
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	County Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6;20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Registrar

Filed July 9 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

Certificate No. 70235

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Weldon C. Kofoed (Name on Original Certificate) who Born (Was Born or Died) on June 17, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Koford	Kofoed
Name	Unnamed	Weldon Crockett Kofoed

Subscribed and sworn to before me this 23rd
day of June, 1942

Edward B Greenwood
Notary Public, residing at Logan, Utah
My commission expires Mar. 18-46
(Seal)

Signed Ivy M Kofoed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
131 E 3RD SO. Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of June, 1942

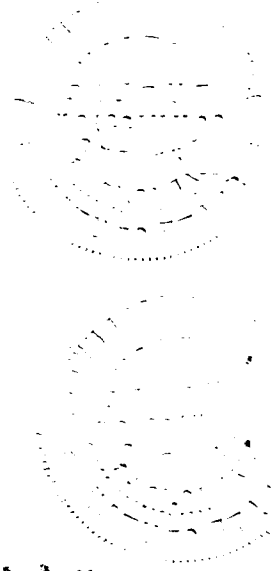
Edward B Greenwood
Notary Public, residing at Logan, Utah
My commission expires Mar 18. 46
(Seal)

Signed Kate Ewing
(Signature of Any Credible Person Other Than Previous Year)
Box 835 Smithfield Utah
(Street Address, City, State)

JUN 24 1942

OCT 18 1967

JUN 26 1942



155-215-021-717

PLACE OF BIRTH

Amended 11/6/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

70234

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 153

FULL NAME OF CHILD Viva Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 15 1909

FATHER	MOTHER
FULL NAME: H. Leo Jensen	FULL MAIDEN NAME: Ive Page
RESIDENCE: Dayton Idaho	RESIDENCE: Dayton Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Weston Idaho	BIRTHPLACE: Day ton Idaho
OCCUPATION: Farmer	OCCUPATION: House Wifec

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:35 A M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed July 9 19 9 Dean R Cutler Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 70234

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jensen (female) (Name on Original Certificate) who was born (Was Born or Died) on June 15, 1919 (Date of Event)
in Dayton, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MARRIAGE LICENSE (Bible Record, Insurance Policy, Etc.) Temple Recommend May 29, 1945 prepared on June 5th, 1945 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Viva Jensen

Subscribed and sworn to before me this 19th day of September 1978

Signed Susan Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho
My commission expires 6/9/82
(Seal)

11223 Muskat, Boise, Idaho 83704
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of Sept. 1978

Signed Susan Hill
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho
My commission expires 6/9/82
(Seal)

11223 Muskat Boise, Idaho 83704
(Street Address, City, State)

FORM DH 60-155

CL 8/28/78

NOV 6 1978

Certif of Marrige from Utah gives names as Wayne Austin Hammer and Viva Jense. dated Sept18, 1946. viewed by V. S.

Temple recommend from the LDS Church gives name as Viva Jensen born June 15, 1919 at Dayton, Idao. Baptized May 5, 1929. father's name as Hyrum Leo Jensen and mother's name as Ivie Lucielle Page. dated May 29, 1945. viewed by V. S.

912-112-021-912

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 27 **File No.** 70235

Primary Registration District No. 2119 **Registered No.** 154

FULL NAME OF CHILD Dorward Orlando Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 12 191 9

FATHER

FULL NAME: Orlando Rasmussen

RESIDENCE: Mink Creek Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Mink Creek Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah Lizzie Rassmussen

RESIDENCE: Mink Creek Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Mink Creek Idaho

OCCUPATION: House Wife c

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), on the date above stated, at 5: A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Preston Idaho

Filed July 9 19 9 D. L. R. Curtis *Registrar*

292-117-007-849

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 70236

Primary Registration District No. 2022 Registered No. 17

FULL NAME OF CHILD Roy Elmer Sisiam

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	3 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Sisam	FULL MAIDEN NAME	Ruth Hurst
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Moir

Physician (Physician or midwife)

Given names added from a supplemental report.

Roy Elmer Sisiam 1920

W. S. Murphy Registrar

Address Bellevue Idaho

Filed July 8, 1919 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 2 [illegible]

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

70268

Place of Birth

City Bellevue

Street and House No. .....

County Blaine

Registered No. 17

Registration Dist. No. 21

Sex of Child Male

Date of Birth March 17 1917
MONTH DAY YEAR

Father Joseph Lisiam
FULL NAME

Mother Ruth Thurst
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Roy Elmer Lisiam
GIVEN NAME IN FULL SURNAME

as reported by Joseph Lisiam
FATHER OR MOTHER

R. V. Wright
LOCAL REGISTRAR

FEB 9 1942

165-118-007-719

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70237

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 18

FULL NAME OF CHILD Robert Lansing Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	o	2	yes	5 18 19

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frank Lewis Jones	FULL MAIDEN NAME Betty Gardner
RESIDENCE Bellevue Ida	RESIDENCE Bellevue Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE North Carolina	BIRTHPLACE Virginia
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 80 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Klein

Physician (Physician or midwife)

Address Bellevue Idaho.

Given names added from a supplemental report.

Robert Lansing Jones 1920

W. C. Murphy Registrar

Filed July 8 1919 Robert H. Wright Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 21B—[illegible]

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

9237

Place of Birth

City Bellevue

Street and House No.

County Blaine

Registered No. 18

Registration Dist. No. 21

Sex of Child Mal

Date of Birth May 18 1919
MONTH DAY YEAR

Father Frank S. Jones
FULL NAME

Mother Betty Gardner
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Robert Lansing Jone
GIVEN NAME IN FULL SURNAME

as reported by Mrs. Frank Jo
FATHER OR MOTHER

R. H. Wright
LOCAL REGISTRAR

MAR 8 1944

493-111-007-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kane

City of Bellevue

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2km-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70239

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 20

FULL NAME OF CHILD Glen Edwin Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	June 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William E Miller	Minnie M. Brown
RESIDENCE	Bellevue Ida	Bellevue Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	28
BIRTHPLACE	Missouri	Pennsylvania
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Blair

Physician (Physician or midwife)

Address Bellevue Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 8 1919 Robert H. Wright Registrar

FEB 13 1945

Amended 6/11/70

[redacted]

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70240

County of Jefferson

City of Rigby

No. 413-102-026-719 St.

Registration District No. 98

File No.

Primary Registration District No. 2176

Registered No. 72

Hospital

FULL NAME OF CHILD Floyd Leo Mattson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Jan 2 1919

	FATHER		MOTHER
FULL NAME	Lawford Lawford Floyd Mattson	FULL MAIDEN NAME	Mary A. Garrett
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sanford Mattson

(Physician or midwife)

Given names added from a supplemental report.

Address Rigby R 3

19

Filed June 16 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Amended 6/11/70

[redacted]

JUN 11 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

RECEIVED

MAY 18 1970

Bureau of Vital Statistics

State of Oregon
County of Multnomah } ss.

Certificate No. 70240

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Floyd Coyle Mattson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 2, 1919 (Date of Event)
in Riby, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Floyd Coyle Mattson	Floyd Leo Mattson
Father's name	Sanford Mattson	~~Sanford~~ Floyd Mattson Lawford

Subscribed and sworn to before me this 14 day of May, 1970

Notary Public, residing at Portland Ore

My commission expires Dec 15, 1972

(Seal)

Signed Mary A Mattson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7635 SE 20th Ave Portland
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May, 1970

Notary Public, residing at Portland

My commission expires Dec 15, 1972

(Seal)

Signed Mary Clement Clark
(Signature of Any Credible Person)

606 37th St Milwaukie Ore
(Street Address, City, State)

FORM DH 60-155 CL 4/30/70 1 cc pd.

Membership in church gives name as Floyd Leo Mattson born Jan 2. 1919 at Ririe, Idaho(Jefferson County).. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Floyd Leo Mattson son of Lawford Mattson and Mary Garrett. Born Jan. 2, 1919 at Poplar, Bonnev. County, Idaho. Baptized March 3, 1934 by W. S. Erickson, Signed by. Hyrum T. Moss, Bishop. Viewed by V. S.

893-213-026-689

Form ... 21-G 25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70241

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 73

Hospital .....

FULL NAME OF CHILD Cora Leora Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2 - 13 - 1919

FATHER		MOTHER	
FULL NAME	Earl G. Hill	FULL MAIDEN NAME	Polly M Whittaker
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan, Idaho

Filed June 16 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1966

315-122-026-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 70242

Primary Registration District No. 2176. Registered No. 74

Hospital .....

FULL NAME OF CHILD Tadashi Howard Tanzawa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	March 22, 1919

FATHER		MOTHER	
FULL NAME	Tusataro (Frank) Tanzawa	FULL MAIDEN NAME	Mura Kondow
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Restaurant Prop.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Anderson

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 16 1919 Ray H. Straker Registrar

2 copies made 5/23/38

OCT 26 19

897-226-026-699

Form V. S. No. 11-C—2[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70243

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2176 Registered No. 75

FULL NAME OF CHILD DORIS HIGGINBOTHAM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Apr 26 1919

FATHER		MOTHER	
FULL NAME	Orland Higginbotham	FULL MAIDEN NAME	Jean Orr
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed June 16 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 70243

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Doris Higginbotham (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1919 (Date of Event) in Rigby Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church Record (Bible Record, Insurance Policy, Etc.) prepared on Date not available (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnaned	Doris Higginbotham

Subscribed and sworn to before me this 11th day of September 19 42

Notary Public, residing at St Anthony. Idaho

My commission expires Jan 18th 1945
(Seal)

Signed Hattie Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

205 W 6th South.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Fremont } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September 19 42

Notary Public, residing at St Anthony Idaho

My commission expires Jan 18th 1945
(Seal)

Signed Gladys Hill Aunt
(Signature of Any Credible Person Other Than Previous Year)

205 W. 6th So St Anthony Ida.
(Street Address, City, State)

SEP 15 1942

799-225-026-993

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70244

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 76

Hospital .....

FULL NAME OF CHILD Victoria Griffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	May 25 1919

FATHER		MOTHER	
FULL NAME	Henry Griffin	FULL MAIDEN NAME	Mary Richardson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed June 16 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

753-116-026-312

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98

File No. 70245

No. ..... St.

Primary Registration District No. 2176

Registered No. 77

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	May 16 1919

FATHER		MOTHER	
FULL NAME	Lloyd Peterson	FULL MAIDEN NAME	Florence Casper
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G C Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed June 1 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-112-026-968

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 98 File No. 70246

No. ..... St.

Primary Registration District No. 2176 Registered No. 78

Hospital .....

FULL NAME OF CHILD Walter Glen Allen Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	4-12-1919

FATHER		MOTHER	
FULL NAME	Walter Glen Allen	FULL MAIDEN NAME	Lottie Le Roy
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Cal.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed June 16 1919 Ray H Fisher

Registrar

Registrar

19941

363-101-026-446

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 96

File No. 70247

No. ..... St.

Primary Registration District No. 2176

Registered No. 79

Hospital .....

FULL NAME OF CHILD Glen Ira Lott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 1 1919

FATHER		MOTHER	
FULL NAME	Hyrum F Lott	FULL MAIDEN NAME	Glendora Duffin
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed June 16 1919

Registrar

Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 22 1965
Bureau of Vital Statistics

State of Idaho } ss.
County of Clark

Certificate No. 70247

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ira Lott (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1919 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ira Lott	Ira Glen Lott

Subscribed and sworn to before me this 19th day of March, 19 65
R.R. Leonardson, Clerk, District Court
~~Notary Public, residing at~~ Clark County, Idaho
~~My commission expires~~ By Louise E. Eaton
(Seal)

Signed Glendora Lott Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Deputy Dubois, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of March, 19 65
R. R. Leonardson, Clerk, District Court
~~Notary Public, residing at~~ Clark County, Idaho
~~My commission expires~~ By Louise E. Eaton Deputy
(Seal)

Signed Earl L Holden
(Signature of Any Credible Person)
Dubois, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 9-23-64. nm

...rd of Marine Corps Service, date of entry Jan. 26, 1942, date of spearation Nov. 7, 1945 gives full name as Ira Glen Lott, born May 1, 1919 at Menan, Idaho - viewed by V.S.

Statement from Dale Willes, Bishop of the Beaver Creek Ward, Rigby Stake, L.D.S. Church, written Jan. 28, 1965 states that Ira Glen Lott, born May 1, 1919 at Menan, Idaho was Baptized May 6, 1950 - viewed by V.S.

APR 12 1965

816-104-026.-643

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70248

County of Jefferson

City of Menan

Registration District No. 98

File No.

No. ..... St.

Primary Registration District No. 2176

Registered No. 80-

Hospital

FULL NAME OF CHILD Wm Hawker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	Mch 4 1919

FATHER		MOTHER	
FULL NAME	Albert A Hawker	FULL MAIDEN NAME	Amy Fullmer
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed June 16 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-116-026-533

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70249

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 81

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3 - 16 - 1919

FATHER		MOTHER	
FULL NAME	L. M. Madsen	FULL MAIDEN NAME	Eileen Ellsworth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed June 16 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-210-026-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70250

County of Jefferson

City of Rigby — Registration District No. 98 — File No.

No. — Primary Registration District No. 2176 — Registered No. 82

Hospital

FULL NAME OF CHILD Verda Bertha Tanner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	2 10 1919

FATHER		MOTHER	
FULL NAME	Arthur Tanner	FULL MAIDEN NAME	Bertha Slaten
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Mary Smithson
(Physician or midwife)

Address Rigby

Filed June 16 1919 Mary M. Fraker
Registrar

NOV 13 1953

655-109-026-231

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70251

County of Jefferson

City of Rigby Registration District No. 98 File No.

No. ..... St. Primary Registration District No. 2176 Registered No. 83

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3-9-19

FATHER		MOTHER	
FULL NAME	Abram Weeks	FULL MAIDEN NAME	Edna Statten
RESIDENCE	Irwin	RESIDENCE	Irwin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 5 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary Smithan

..... (Physician or midwife)

Address Rigby

Filed June 14 19 19 Ray O'Brien Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-127-026-356

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70252

County of Jefferson

City of Ifant

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 84

FULL NAME OF CHILD CHARLES JOSEPH ALLEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	2 - 27 - 1919

FATHER		MOTHER	
FULL NAME	Charles Allen	FULL MAIDEN NAME	Bertha Lewis
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed June 20 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 70252

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Joseph Allen (Name on Original Certificate) who was born (Was Born or Died) on Feb. 27, 1919 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on April 2nd, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Charles Joseph Allen

Subscribed and sworn to before me this 13
day of June, 19 42

Signed Bertha Allen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th, 1942
(Seal)

Rigby—2, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of June, 19 42

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th, 1942.
(Seal)

Rigby, Idaho.
(Street Address, City, State)

JUN 17 1942

JUN 22 1942

JUN 3 1964

291-123-026-249

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70253

County of Jefferson

City of Lewisville Registration District No. 98 File No.

No. St. Primary Registration District No. 2176 Registered No. 85

Hospital

FULL NAME OF CHILD Garfield Henry Brammer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5-23-1919

FATHER		MOTHER	
FULL NAME	Henry Brammer	FULL MAIDEN NAME	Margaret Smith
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Md.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Menan

19

Filed June 20 1919 Ray H Fisher

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 22, 1940 L.B.

813-231-026-319

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70254

County of Jefferson

City of Menan

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 86

Hospital

FULL NAME OF CHILD Melvina Yates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	5-31-1919

FATHER		MOTHER	
FULL NAME	Clarence H. Yates	FULL MAIDEN NAME	Melvina Carr
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report.

19

Address Menan

Registrar

Filed June 20 1919 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

868-215-026-319

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70255

County of Jefferson

City of Menan

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 87

Hospital

FULL NAME OF CHILD Wilma Donna Hoy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	June 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Hoy	FULL MAIDEN NAME	Delova Carver
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

Address Menan

19

Filed June 20 19 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

795-129-026-335

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70256

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 88

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	5 - 29 - 1919

FATHER		MOTHER	
FULL NAME	Austin R. Green	FULL MAIDEN NAME	Anna L. Clement
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

Address Menan

..... 19 .....

Filed June 20 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-107-026-846

Form V. S. No. 11-O—Mm-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70257

County of Jefferson

City of Lewisville

Registration District No. 98

File No.

No. ..... St.

Primary Registration District No. 2176

Registered No. 89

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6 - 7 - 1919

FATHER		MOTHER	
FULL NAME	Llewllyn Barney	FULL MAIDEN NAME	Jennie M Huff
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed June 20 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

168-217-026-442

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 8 File No. 70258

Primary Registration District No. 2176 Registered No. 90

FULL NAME OF CHILD Aleda Leone Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 17 1919

FATHER		MOTHER	
FULL NAME	Vern C. Johnson	FULL MAIDEN NAME	Leila Duke
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19....

Registrar

Filed June 20 19 19 Ray H. Fisher

Registrar

OCT 1 4 1969

NOV 2 0 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JAN 22 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70258

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Female Child) who was born on June 17, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rigby, ID. are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add child's name	Unnamed Johnson	Aleda J Johnson
		Aleda Leone Johnson

OFFICIAL SEAL
RUBY J. WALTON
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires June 4, 1972

Subscribed and sworn to before me this 19th day of Jan 1970.

Signed Ruby J. Walton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 411 No. Maclay St., San Fernando, Calif. 91340
My commission expires .....
(Seal)

924 Truman St. San Fernando
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Calif.
County of Los Angeles

OFFICIAL SEAL
RUBY J. WALTON
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires June 4, 1972

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of Jan, 1970.

Signed Verna Jeane Flick
(Signature of Any Credible Person)

Notary Public, residing at San Fernando Calif.
My commission expires June 4, 1972
(Seal)

1036 N. Workman, San Fernando
(Street Address, City, State)

FORM DH 60-155

CL 11/20/69 nm

Certificate of Baptism and Confirmation dated Sept. 11, 1927 gives name as Aleda Leone Johnson born to Vern C. Johnson and Leila Duke on June 17, 1919.- Signed by Lois L.Nelson, Bishop, Viewed by V. S.

JAN 28 1971

Photocopy of L.D.S. Genealogy Family Record gives name as Aleda Leone Johnson born to Vernie Carroll Johnson and Leila Duke on June 17, 1919 at Rigby, Idaho. Last entry on record is November 9, 1956--date of genealogy record form is 1964. Viewed by V.S.

219-112-026-735

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-6-17

CERTIFICATE OF BIRTH

70259

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 91

FULL NAME OF CHILD John Adelbert Barrow, Jr.

Sex of Child M | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 1 (Month) 12 (Day) 19 (Year)

	FATHER	MOTHER
FULL NAME	John Barrow	FULL MAIDEN NAME Hazel Glenn
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

(Signature) Mary Smithson

(Physician or midwife)

Address Rigby

Filed June 20 19 19 Ray H. Fraker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1975

755-120-026-652 name added 3-14-84 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70262

County of Jefferson

City of Rigby R. D.

No. ..... St.

Registration District No. 97 File No. .....

Primary Registration District No. 2176 Registered No. 94

Hospital .....

FULL NAME OF CHILD Lloyd Clyde Gneiting

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3 — 20 — 19 9

FATHER		MOTHER	
FULL NAME	G. C. Gneiting	FULL MAIDEN NAME	Freda Weber
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	AGE AT LAST BIRTHDAY (Years)	41
COLOR	W	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 20 19 Mary H. Graham Registrar

2-21-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 13 1984
Bureau of Vital Statistics

70262

State of _____ } ss.
County of _____ }

Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for 'Unnamed Gneiting (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 20, 1919 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lloyd Clyde Gneiting

Subscribed and sworn to before me this 8 day of
MARCH, 1984.
Notary Public, Tissy S Anderson
Residing at Rigby
My commission expires 1987.
(Seal)

x Lloyd Clyde Gneiting
Signature of Applicant
x Rte #4 Box 4698 Rigby, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Certificate of Baptism From LDS Church gives Lloyd Clyde Gneiting son of Gatlieb Gneiting and Frieda Weber born March 20, 1919 at Garfield was baptised Aug 4, 1928. Viewed by V.S.

Western Farm Burea Life Ins Application lists proposed insured as Lloyd Clyde Gneiging born March 20, 1919. Dated 8-25-53. Viewed by V.S.

MAR 14 1984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70263

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 95

FULL NAME OF CHILD Wm Lambert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	1-20-1919

FATHER		MOTHER	
FULL NAME	Royal Lambert	FULL MAIDEN NAME	Emma Wing
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rigby

Filed June 20 1919 Ray H Fisher

Registrar

LAMBERT

dup of 1919-285423

319-215-026-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70264

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 96

FULL NAME OF CHILD Emma Kerney Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Feb 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Kerney J Carlson	Emma Evans
RESIDENCE	Declo	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Utah	Utah
OCCUPATION	Soldier	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 00 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary Smithson

(Physician or midwife)

Address Rigby

Filed June 20 1919 Ray Nichols Registrar

795 - 201-026-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70265

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 97

FULL NAME OF CHILD Alice Greenwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 1 1919

FATHER		MOTHER	
FULL NAME	Orson Greenwood	FULL MAIDEN NAME	Lydia Ellsworth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed July 10 1919 Ray H Fisher

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

AUG 25 1953

851-126-026-571

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70266

County of Jefferson

City of Rigby

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 98

Hospital

FULL NAME OF CHILD WENDELL GROVER HEATH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Apr. 26 1919

FATHER		MOTHER	
FULL NAME	Grover D. Heath	FULL MAIDEN NAME	Christie Egan
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T. Price
(Physician or midwife)

Given names added from a supplemental report.

Address Ririe Idaho

19

Filed July 19 19 Ray H Fisher
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 70268

Date Filed MAR 30 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of April 26 (Birth or Death)
for Wendell Grover Heath (Name on Original Certificate) who April 26 (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on March 24 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Wendell Grover Heath

Subscribed and sworn to before me this 27th day of March, 1942

Notary Public, residing at Idaho Falls

My commission expires Feb 12, 1946
(Seal)

Signed Christie Heath
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-209-026-443 name added 6/25/80

Form V. S. No. 11-B—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 70267

Registered No. 99

FULL NAME OF CHILD Nola Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Apr 9 1919

FATHER		MOTHER	
FULL NAME	Edwin R. Harris	FULL MAIDEN NAME	A. Dutson
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ririe Idaho

Filed July 10 1919 Ray H. Fisher

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

Date Issued 6/25/80

5-6-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 30 3 52 PM '80

State of Idaho
County of Bonneville } ss.

Certificate No. 70267
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 9, 1919 (Date of Event)

in Ririe (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Nola Harris

Subscribed and sworn to before me this 12th day of May, 1980.

Notary Public, Karen L McSorley
Residing at Idaho Falls, Id.
My commission expires Aug 1, 1981
(Seal)

x Nola Mead (Harris)
Signature of Applicant

x 1321 - Glennbrier (
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Blessing record from LDS Church givesname as Nola Lavon Harris bonr April 9, 1919. Blessed July 6, 1919. father's name as Edwin Harris and mother's nameas Dorothy Dutson. viewed by V. S.

JUN 2 6 1980

Public school Diploma from Idaho, Jefferson County gives name as Nola Harris dated May 5, 1933. viewed y
by. V. S.

717-202-026-866

Form V. S. No. 11-G—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70268

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 100

Hospital .....

FULL NAME OF CHILD Geneve Page

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	May 2 1919

FATHER		MOTHER	
FULL NAME	Clemens A. Page	FULL MAIDEN NAME	Sarah O Howard
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

Address Ririe, Idaho

..... 19.....

Filed 7/10 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-129-026-296

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98

File No. 70269

No. ..... St.

Primary Registration District No. 2176

Registered No. 101

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Apr 29 1919

FATHER		MOTHER	
FULL NAME	Wesley Moore	FULL MAIDEN NAME	Alice L. Brown
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ririe Idaho

Filed 7/10 1919 Ray H. Fisher

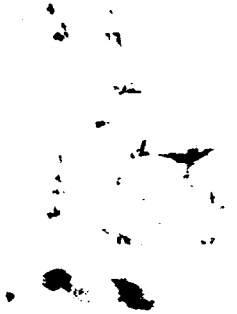
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



165-105-026-313

Form V. S. No. 11-G—2[illegible]-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rivie

Registration District No. 98

File No. 70270

No. ..... St.

Primary Registration District No. 2176

Registered No. 102

Hospital .....

FULL NAME OF CHILD LEE L. JONES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	May 5 1919

FATHER		MOTHER	
FULL NAME	Joseph Jones	FULL MAIDEN NAME	Coral Later
RESIDENCE	Antelope Ida	RESIDENCE	Antelope
COLOR	Wh. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Wh. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

Address Rivie, Idaho

..... 19....

Filed 7/10 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1942

AUG 23 1956

DEC 27 1957

469 - 218-026 - 466

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

Registration District No. 98 File No. 70271

No. ..... St.

Primary Registration District No. 2176 Registered No. 103

Hospital .....

FULL NAME OF CHILD Wilda Morgan

Sex of Child*	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Apr 18 1919

FATHER		MOTHER	
FULL NAME	Willard Morgan	FULL MAIDEN NAME	Jenette Moore
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ririe Idaho

Registrar

Filed 7/10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

692-128-026-212

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH
Name added 1-20-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70272

County of Jefferson

City of Ririe

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 104

Hospital

FULL NAME OF CHILD William Sylvester Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Mch 28 1919

FATHER		MOTHER	
FULL NAME	Alma L. Fisher	FULL MAIDEN NAME	Martha P. Baker
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

Address Ririe Idaho

19

Filed 7/10 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-8-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jefferson } ss.

DEC 26 8 39 AM '80

Certificate No. 70272
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Fisher (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 28, 1919 (Date of Event)

in Ririe (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	William Sylvester

Subscribed and sworn to before me this 22nd day of December, 1980.

Notary Public, Velma Bush
Residing at Ririe Idaho 83443
My commission expires lifetime
(Seal)

William Sylvester Fisher
Signature of Applicant
Box 183 - Ririe Ida 83443
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism and Confirmation dated September 7, 1980, gives name as William Sylvestor Fisher son of Alma L. Fisher, and Martha P. Baker. Born March 28, 1919 at Poplar Bonneville County, Idaho. Baptized September 1, 1934, in L.D.S.Church.
Viewed by V.S.

Certificate of Blessing gives name as William Sylvester Fisher, born March 28, 1919 at Poplar Idaho and Blessed Agu 11, 1921. Parents Alma L. Fisher and Martha P. Baker.
Viewed by V.S.

754-227-026-249

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

Registration District No. 98

File No. 70273

No. ..... St.

Primary Registration District No. 2176

Registered No. 105

Hospital .....

FULL NAME OF CHILD Velda Marie Pederson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	May 27 1919

FATHER		MOTHER	
FULL NAME	Frank Pederson	FULL MAIDEN NAME	Mary A Smith
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ririe, Idaho

Filed 7/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236 - 126 - 026 - 866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70274

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 106

FULL NAME OF CHILD Frank Clair Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	May 26 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank U Stone	Hilma A. Hoffman
RESIDENCE	Ririe	Ririe
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 noon M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7 10 1919 Ray H Fisher

Registrar

265-207-026-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rubie

No. ..... St.

Hospital .....

Form V. S. No. 11-G—Rim-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70275

Registration District No. 98

Primary Registration District No. 2176

File No. .....

Registered No. 108

FULL NAME OF CHILD Lola Kiest

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 7, 191 9

FATHER		MOTHER	
FULL NAME	Bert C. Kiest	FULL MAIDEN NAME	Vera Parker
RESIDENCE	Rubie	RESIDENCE	Rubie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo-	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Sam J. Price

(Physician or midwife)

Address Rubie Idaho

Filed 7/10/19 Ray H. [illegible] Registrar

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FILE #

State of Idaho, County of Bannock, Marriage License and Certificate, married May 8, 1943 at Pocatello, Idaho gives full name of groom as John A. Marley and full name of bride as Lola Kiest - viewed by V.S. Social Security Card, #519-20-3216 gives full name as Lola Kiest Marley - viewed by V.S.

RECEIVED
JUN 15 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Statement from Mrs. Sumi Kanomata, secretary, Class A. School Dist. No. 25, Bannock Co., Pocatello, Idaho - states This is to certify that our school records of January 27, 1932, reveal that Lola Kiest was born June 7, 1919. It is unfortunate that our records in 1932 do not show where the birthplace was." - statement written June 28, 1956 - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 70275

Date Filed

State of IDAHO
County of BANNOCK

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kiest (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1919 (Date of Event)
in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 7, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Lola Kiest

Subscribed and sworn to before me this 14 day of June 1956

Notary Public, residing at Pocatello Idaho.
My commission expires 8-1-59
(Seal)

Signed Ernest Kiest
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
249 Yellowstone Ave
(Street Address, City, State) Pocatello, Idaho.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of June 1956

Notary Public, residing at Pocatello Idaho
My commission expires 8-1-59
(Seal)

Signed Loretta A. Weir
(Signature of Any Credible Person)
152 N. 6th Pocatello, Idaho
(Street Address, City, State)

NOV 2 1962.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

841-206-030-369

PL[redacted] OF BIRTH

[redacted]rm V. S. No. 11-C—25m-9-8-15

B[redacted]STATISTICS

[redacted] BIRTH

County of Yambi

City of

Registration District No. 41

File No. 70276

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD Vera Harriet Quarles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	June 6 1919

FATHER		MOTHER	
FULL NAME	Gus B Quarles	FULL MAIDEN NAME	Rose Loring
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Whp	COLOR	Whp
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kentucky	BIRTHPLACE	Ind.
OCCUPATION	Banker	OCCUPATION	Hwf

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

(Signature) F S Wright M.D.

(Physician or midwife)

Address Salmon Ida

Filed 7/10 1919 M. Deering Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

415-220-030-122

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Ulysses

Registration District No. 41

File No. 70277

No. _____ St.

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Jan 20 1919

FATHER		MOTHER	
FULL NAME	John Manuela	FULL MAIDEN NAME	Greta Asbitarte
RESIDENCE	Ulysses	RESIDENCE	Ulysses
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) F S Wright M D

(Physician or midwife)

Address Salinas Cal

Filed 7/10 1919 M. Deering Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

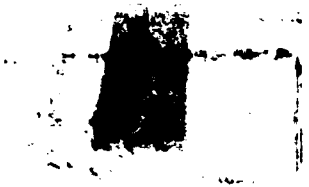
..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



859-125-030-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

County of Lemhi

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Salmon Registration District No. 41 File No. 70278

No. ..... St. Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Glenn Leslie Heidner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	6-25-19

	FATHER	MOTHER
FULL NAME	Charles Carl Henry Heidner	FULL MAIDEN NAME Ethel Marion Hilton
RESIDENCE	Salmon, Ida	RESIDENCE Salmon, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE Iowa
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive/stillborn on the date above stated. at 8.30 P. M.

(Signature) O. P. Hutton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Filed 7/10 1919 M. Deming Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

APR 28 1976

1/14/41/ EA

787-127-023-314

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

21

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70279

Registration District No. _____ File No. _____

Primary Registration District No. 10-10 Registered No. _____

Full Name of Child Mortimer William Phillips

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	6 27 19

FATHER

FULL NAME Montimer J Phillips

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Woodbine Nebr

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Olive D Jaquary

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Carrollton

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/17 1919 J A Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of [illegible]

No. ..... St.

Hospital

Registration District No. .....

Primary Registration District No. [illegible]

Registered No. .....

of Child

FULL

HOUR

BIRTHPLACE

(Years)

birth

stated.

report.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 70279

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Mortimer Williams Phillips

Subscribed and sworn to before me this 17
day of Nov., 19 43
Pauline Aubrey
Notary Public, residing at Boise
My commission expires Jan. 14 1947
(Seal)

Signed Mrs. M. J. Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 17 1943

381-133-023-955

PLACE OF BIRTH

STATE BUREAU OF [redacted]TICS

Form V. S. No. 11—25m-6-18

CERTIFIC[redacted]H 70280

County of Ada

City of Emmett

No. _____ St.

Registration District No. _____ File No. _____

Primary Registration District No. 1010 Registered No. _____

Hospital _____

Full Name of Child Robert J Chapin

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	6 23 19

FATHER		MOTHER	
FULL NAME	Frank Russell Chapin	FULL MAIDEN NAME	Stella Reed
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Lusk Wyoming	BIRTHPLACE	Kansas
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 11 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

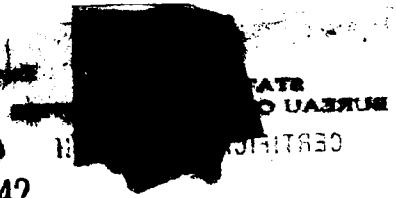
..... Registrar

Filed 7/13 1919 J L Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



JAN 2 1942

FEB 6 1970

386-123-023-295

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70281**

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. _____ **File No.** _____

Primary Registration District No. 1010 **Registered No.** _____

Full Name of Child Duane Brestel Thorning

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 6 (Month) 23 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Christian H. Thorning	FULL MAIDEN NAME Lillian Brestel
RESIDENCE Emmett Idaho	RESIDENCE Emmett Idaho
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Roseburg Ore
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 7/19 1919 J L Reynolds Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-121-023-665

PLACE OF BIRTH

No. 15—25m-6-15-18

County of [illegible]

City of Sweet

Registration District No. 10 20

File No. 70282

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child La Verne Bell Perkins

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jess M Perkins	FULL MAIDEN NAME	Mada Nonacott
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ola Idaho	BIRTHPLACE	Springfield Mo
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

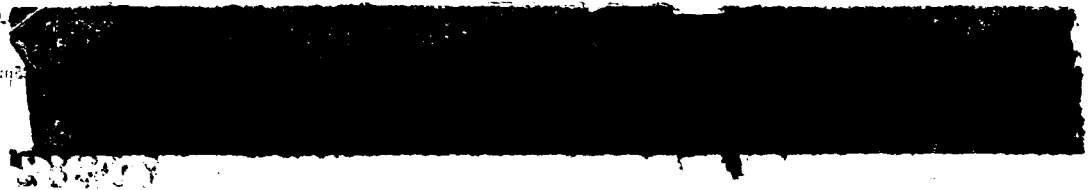
Address Emmett

Registrar

Filed 7/13 1919 J L Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



433-221-023-713

PLACE OF BIRTH

U. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70283

County of Gen

City of Montour

No. ..... St.

Hospital .....

Registration District No. 1020

File No. .....

Primary Registration District No. .....

Registered No. .....

Full Name of Child Alta Muriel McConnell

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 6 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Orville Geo. McConnell	FULL MAIDEN NAME	Mary Patton
RESIDENCE	Montour Ida	RESIDENCE	Montour
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Parma Ida	BIRTHPLACE	Manti Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 7/13 1919 J L Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF [redacted]

PLACE OF BIRTH

FEB 16 1968

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 12 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70283

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McConnell (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1919 (Date of Event)
in Montour, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alta Muriel McConnell

Subscribed and sworn to before me this 2 day of
April, 1968.
Notary Public, residing at Las Vegas
My commission expires Sept. 28, 68
(Seal)

Signed Alton A. Pratt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
307 So. Main St., Las Vegas, Nevada 89101
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 2-28-68. two copies pd.

Child's Birth Cert. on file: (Idaho Birth) #284915 gives full maiden name of mother as Alta Muriel McConnell - viewed by V.S.

APR 16 1968

Marriage License Affidavit, State of Idaho, County of Gem, dated December 17, 1938 gives full name of male as Alton Almon Pratt and full name of female as Alta Muriel McConnell - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-119-023-154

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. 1010

File No. 70394

Registered No. _____

Full Name of Child Frank Robert Dahlstrom

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: June (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Dahlstrom	FULL MAIDEN NAME	Mirl Anderson
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Marcus Iowa	BIRTHPLACE	Beaver Utah
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett

Registrar

Filed 7/1/19 19 J L Reynolds Registrar

[redacted]

DEC 28 1955

231-110-023-493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70295

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. 1010 Registered No. _____

Full Name of Child ~~Lloyd~~ Donald Loyd Blaisdell

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 10 (Day) 1919 (Year)

FULL NAME FATHER Lawrence A Blaisdell	FULL MAIDEN NAME MOTHER Lois Miles
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE West Concord Minn	BIRTHPLACE Stacyville Iowa
OCCUPATION Barber	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

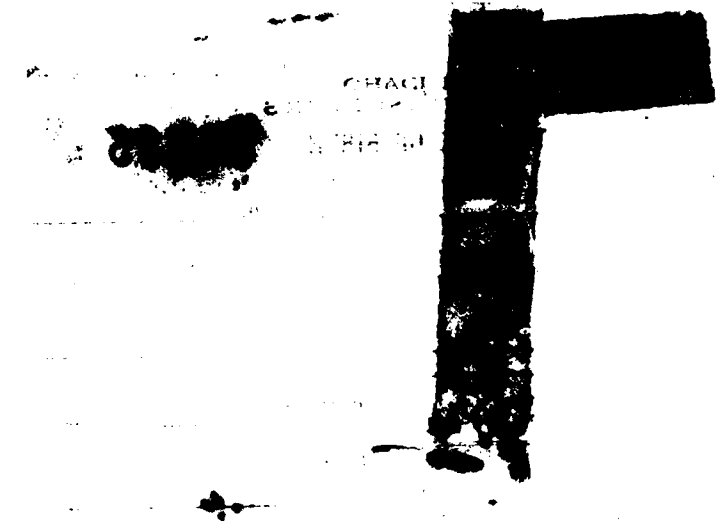
Address Emmett

Filed 7/15 1919 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT. 16 1958

466-208-023-295

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. 1010

File No. 70286

Registered No. _____

Full Name of Child Eva May Moon

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 8 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Ernest F Moon	FULL MAIDEN NAME Inez Kinney
RESIDENCE Emmett Idaho	RESIDENCE Emmett Ida
COLOR White AGE AT LAST BIRTHDAY 48 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Marshalltown Iowa	BIRTHPLACE Denver Colo
OCCUPATION Chiropractor	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett

Filed 7/13 1919 J K Seymour Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1976

514-101-023-689

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fern

City of Ola

No. _____ St.

Hospital _____

Registration District No. 1010

Primary Registration District No. _____

File No. 70287

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: June 1 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Manley Grant Vaughan	FULL MAIDEN NAME: Vestina Whitlock
RESIDENCE: Ola Idaho	RESIDENCE: Ola Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 47 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Lane Co Oregon	BIRTHPLACE: Inyu Co Calif
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett Idaho

Filed 7/15 1919 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-130-023-437

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 10 W

Primary Registration District No. _____

File No. 10288

Registered No. _____

Full Name of Child LEO HUDSON SMITH

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 5 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Hudson Smith	FULL MAIDEN NAME	Jennie Pearl McGee
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Emmett Ide
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett

Filed 7/13 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 70288

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 17 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Leo Hudson Smith

5. Date of Birth (Month, day year) May 30, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hudson Smith

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business Boise Payette Lbr. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl McGee

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace Emmett, Idaho. (City or town) (State or foreign country)

20. Exact Occupation ~~Domestic~~ Housekeeper

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ Silver Solution

23. Number of children of this mother: (a) At time of birth and including this child ~~One~~ (b) Born alive and now living Six
(c) Born alive and now dead One (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Pearl McGee (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature R N Cummings M.D. (D.O., Midwife, etc.)
and address Emmett Date 11-6-43

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-113-008-235

PLACE OF BIRTH

Form V. S. No. 11—25m-5-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70289

County of Boise

City of Horseshoe Bend

Registration District No. 1020 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child Franklin Richard Fenton

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 5 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo M Fenton	FULL MAIDEN NAME	Christine D. Stephenson
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	66 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Idaho City Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Registrar

Filed 5/13 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1974

866-109-023-292

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70290

Registration District No. 1020

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Quentin Eugene Howard

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	5 9 1919

FATHER

FULL NAME: Robt J Howard

RESIDENCE: Emmett

COLOR: white

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Mankato Minn

OCCUPATION: Ranches

MOTHER

FULL MAIDEN NAME: Alta Sisler

RESIDENCE: Emmett

COLOR: white

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Crookston Nebr

OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.50 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Cummings M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed 7/17 1919 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-103-023-437

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70291

Registration District No. 1070

File No. ____

Primary Registration District No. ____

Registered No. ____

Full Name of Child Loren Clinton Clark

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	5 3 1918

FATHER

FULL NAME: Lawrence G. Clark

RESIDENCE: Middleton

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Centralia Wash

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Josephine McPike

RESIDENCE: Middleton

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Buchanan Co Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 2 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/13 1918 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

281-129-023-319

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

[redacted]O
[redacted]TISTICS
[redacted]RTH

County of Tenn

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 1020

Primary Registration District No. _____

File No. 70292

Registered No. _____

Full Name of Child Keith J Shaw

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 4 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jno Edward Shaw	FULL MAIDEN NAME	Alice Lark
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St Louis Mo	BIRTHPLACE	Brinton Utah
OCCUPATION	Baggage man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett

Registrar

Filed 7/13 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/17/41. w.h.

DECEASED

419-219-023-268

PLACE OF BIRTH

CHILD'S NAME ADDED 3-14-97 DHS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70293

County of Gem

City of Emmett — Registration District No. 1020 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

Full Name of Child SARAH PAULINE MARTIN

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	4 19 1919

FATHER		MOTHER	
FULL NAME	Chas Lee Martin	FULL MAIDEN NAME	Birdie Bohna
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Mo	BIRTHPLACE	Baker Co Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 05 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/13 1919 J V Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of ADA } ss.

Certificate No. 19-70293
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED MARTIN (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on 4-19-19 (Date of Event)
in EMMETT, IDAHO (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED MARTIN	SARAH PAULINE MARTIN

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Marlu Johnson
Signature of Applicant
x ~~Maeda~~ P.O. BOX 603
Street Address, City, State
Moses Lake, WA 98837

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

HER CHILDS BIRTH CERTIFICATE #40-291716 LISTS MOTHER'S NAME AS SARAH PAULINE MARTIN

DEATH CERTIFICATE LISTS SARAH PAULINE SHERRILL DIED 12-12-66 IN EMMETT, ID
VIEWED V.S.

312-116-023-239

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. 1010

File No. 70294

Registered No. _____

Full Name of Child Junior Dale Case

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 4 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lester Dale Case	FULL MAIDEN NAME	Mildred Irie Stipp
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Deer Lodge Mont	BIRTHPLACE	Rawlins Wyo
OCCUPATION	Saw mill laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett

Filed 7/19 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-107-023-962

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form ... S. No. 21—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 1010

File No. 70295

Primary Registration District No. 1010

Registered No. _____

Full Name of Child VIRGIL EUGENE BLURTON

SEX OF CHILD: Male | Twin, Triplet or other? Twin (To be answered only in event of plural births) | and Number in order of birth: second | Legitimate? yes | DATE OF BIRTH: Apr (Month) 7 (Day) 1918 (Year)

FATHER

FULL NAME: Jess W Blurton

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Caldwell Kans

OCCUPATION: Garage manager

MOTHER

FULL MAIDEN NAME: Nellie G. Robinson

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: South Haven Kans

OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 8

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L.N. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/17 1918 J. V. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 70295

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for were not given (Name on Original Certificate) who born (Was Born or Died) on Apr. 7 1919 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Virgil Eugene Blurton
April 7-1919	not given	Virgil Eugene Blurton

Subscribed and sworn to before me this
day of JUN - 1 1942 19

Signed Nellie G. Blurton-Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires June 28 1943
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAY 8 1942

JUN 5 1942

234-107-023-962

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70296

Registration District No. _____ File No. _____

Primary Registration District No 210 Registered No. _____

Full Name of Child Victor Hugo Blurton

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	Twin		first	yes	Apr 7 1919

FATHER

FULL NAME: Jesse W Blurton

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Caldwell Kans

OCCUPATION: Garage Manager

MOTHER

FULL MAIDEN NAME: Nellie Robinson

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: South Haven Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.04 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/13 1919 J. A. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 10 1945

364-105-023-389

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70297

Registration District No. _____ File No. _____

Primary Registration District No. 1010 Registered No. _____

Full Name of Child DELBERT VARDELL COULTER

SEX OF CHILD Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | DATE OF BIRTH 4 (Month) 5 (Day) 19 (Year)

FATHER

FULL NAME Homer Coulter

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Anoka Minn

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Della May Thrall

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Gibbon Nebr

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/13 1917 J. F. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAR 2 1966

FEB 2 1968

242-101-023-364

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. 1010

File No. 70298

Registered No. _____

Full Name of Child _____

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 4 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry D Buschke	FULL MAIDEN NAME	Mamie Coulter
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Bethel Minn
OCCUPATION	Saw mill laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 12 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett

Filed 7/13 1914 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

No. 7259

168-127-023-54

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70299

Registration District No. 1010

File No. _____

Primary Registration District No. 1010

Registered No. _____

Full Name of Child Carl Edward Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	3 27 1919

FATHER

FULL NAME Edward Johnson

RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ida Sophie Anderson

RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7/13 1919

J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No.

APR 16 1943

Full Name of Child

SEX OF CHILD

AGE AT LAST BIRTHDAY

COLOR

BIRTHPLACE

OCCUPATION

Number of children of this mother

[redacted] 249-207-026-619

BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70300

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 107

Hospital .....

FULL NAME OF CHILD LORRAINE ANNETT BURROWS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 7 1919

FATHER	MOTHER
FULL NAME Stephen Lewis Mack Burrows	FULL MAIDEN NAME Ada May Fairweather
RESIDENCE Ririe	RESIDENCE Ririe
COLOR W AGE AT LAST BIRTHDAY 30 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wis	BIRTHPLACE Ill
OCCUPATION Barber	OCCUPATION Housework

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam L Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ririe Idaho

Filed 7/10 19 19 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

SEP 28 1942

Certificate No. 70500

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorraine Annett Burrows (Name on Original Certificate) who Born (Was Born or Died) on June 7, 1919 (Date of Event)
in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Name	Ada May Fairweather Burrows	
name	none given	Lorraine Annett Burrows
Father's name	Mack Burrows	Stephen Lewis Burrows

Subscribed and sworn to before me this 25th
day of September, 1942

Notary Public, residing at Idaho Falls, Ida.
My commission expires 5/22/44
(Seal)

Signed Ada May Fairweather Burrows
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of September, 1942

Notary Public, residing at Idaho Falls Ida.
My commission expires 5/22/44
(Seal)

Signed Mrs. Kathryn Aldrich
(Signature of Any Credible Person Other Than Previous Year)

288- North Ridge Ave-
Idaho Falls. Idaho
(Street Address, City, State)

SEP 30 1942

PLACE OF I

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

-C—25m-9-8-15

CERTIFICATE OF BIRTH

70301

...ty of Kootenai

City of Harrison

No. 295-223-028-613 St.

Registration District No. 126

File No. 5

Primary Registration District No. 2204

Registered No. 6

Hospital Lake view Hospital

FULL NAME OF CHILD ARLOTTE MARTHA BRENT

Sex of Child girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Brent	FULL MAIDEN NAME	Lillie Wallen
RESIDENCE	Black Lake	RESIDENCE	Black Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kelowna B.C.	BIRTHPLACE	Kenora Ontario
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 23-19, at ..... M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed July 1 1919 J. M. Finney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Cowlitz }

Certificate No. 70303

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 23, 1919 (DATE OF EVENT)
in Harrison, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 22, 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH-DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Arlotte Martha Brent

Subscribed and sworn to before me this 20th
day of February, 1943

H. Fisher

Notary Public, residing at Kelso, Wash.,
My commission expires July 10th 1944
(SEAL)

Signed Mrs. L. Brent

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1900 Elm Street, Kelso Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of February, 1943

H. Fisher

Notary Public, residing at Kelso, Wash.,
My commission expires July 10th 1944
(SEAL)

Signed Mrs. R. M. Barge
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1506 No. 4th St. Kelso Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

MAR 1 1948

413-222-003-449

Form V. S. No. 11-C—Mm-9-8-17

[redacted]CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 70302

No. ..... St.

Primary Registration District No. 2161

Registered No. 9

Hospital .....

FULL NAME OF CHILD Ada Iris Dolber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2-22-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amoziah Park Dolber	FULL MAIDEN NAME	Minnie Evelyn Durlin
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	N Y
OCCUPATION	Plumber & farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1145 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 2-22 1919 N R Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 1 2 1975

369-220-003-897

Form V. S. No. 11-G—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70303

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84

File No. .....

Primary Registration District No. 2161

Registered No. 8

FULL NAME OF CHILD Esther Corbett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2 - 20 1919

FATHER		MOTHER	
FULL NAME	Frederick Joseph Corbett	FULL MAIDEN NAME	Louisa Higginson
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] at 8 10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M D

(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft

..... 19.....

Filed 2-20 1919 N R Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1966

495-207-003-714

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70304

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 7

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2-7-1919

FATHER		MOTHER	
FULL NAME	Stephen Mint	FULL MAIDEN NAME	Ada Paul
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ida.	BIRTHPLACE	England
OCCUPATION	F	OCCUPATION	H Sw.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] at 5 20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2-17 1919 [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-202-003-336

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70305

County of Bannock

City of Way

No. ..... St.

Hospital .....

Registration District No. 84

File No. .....

Primary Registration District No. 2161

Registered No. 6

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2 2 1919

FATHER		MOTHER	
FULL NAME	Daniel Parkinson Maughan	FULL MAIDEN NAME	Alice Haslam Lloyd
RESIDENCE	Way	RESIDENCE	Way
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed 2-3 1919 N R Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLA[redacted] 319-106 024-316

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70306

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Carpenter

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Winfred Carpenter	FULL MAIDEN NAME	Louie Law
RESIDENCE	Gooding	RESIDENCE	~~Oregon~~ Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lumb

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida

Filed 7-5- 1919 F. Cary M.D.

Registrar

Registrar

[redacted]

JUN 4 1968

815-214-024-691

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70307

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD MARIAN LENORE Hanchett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E Hanchett	FULL MAIDEN NAME	Maude Franklin
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Signal Man for R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lynch

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida

Filed 7-5-1919 F. T. Cary M.D.

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 19

NOV 9

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 70307

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marion Lenore Hanchett (Name on Original Certificate) who was born (Was Born or Died) on May 14 1919 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marian Lenore Hanchett

Subscribed and sworn to before me this 7th day of November, 19 42.

Notary Public, residing at Salt Lake City, Utah

My commission expires Nov 7-1942
(Seal)

Signed Mrs J E Hanchett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of November, 19 42.

Notary Public, residing at Salt Lake City, Utah

My commission expires Nov 7-1942
(Seal)

Signed Louise Hanchett
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 1 0 1942

366-227-024-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 70308

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Eula Cooper

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Cooper	FULL MAIDEN NAME	Cornelia Peters
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding

Filed 7-5-1919 F. T. Carey M.D. Registrar

F. T. Carey

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-107-024-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70309

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Schenzler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
				Yes	May 7 19 9

FATHER

FULL NAME Robert Schenzler

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Illinois

OCCUPATION

MOTHER

FULL MAIDEN NAME DeFayne Lynch

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Francis M.D.

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-5- 1919 F. L. Carey M.D. Registrar

dup of 1919-222327

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819 - 104 - 024 - 253

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 70310

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD ALBERT JAMES Hartwell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 4 19 9

FATHER		MOTHER	
FULL NAME	Albert Hartwell	FULL MAIDEN NAME	Grace Beck
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed 7-5- 1919 F. L. Carey M. D.
Registrar

7-12-41

446-202-024-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Hansen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 70311

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD [redacted] Duff, Sheila Jeanne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	7 — 2 — 1919

	FATHER	MOTHER
FULL NAME	Andrew Duncan Duff	FULL MAIDEN NAME Minnie M. Smith
RESIDENCE	Gooding	RESIDENCE Gooding
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE Wisconsin
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1-9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Cary M. D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7—4— 1919 F. F. Cary M. D.
Registrar

259-201-224-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 70312

Primary Registration District No. 1014

Registered No. .....

FULL NAME OF CHILD NELLE LORRAINE Baby Knight

Sex of Child Female

Twin / Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 7 (Month) 1 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME Dan Knight	FULL MAIDEN NAME Catherine Love
RESIDENCE Gooding	RESIDENCE Gooding Ida.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Wyoming
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Cary M. D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7 3 1917

F. F. Cary M. D.
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 70312
County of Gooding } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nelle Lorraine Knight (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1919 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Nelle Lorraine Knight

Subscribed and sworn to before me this 4th day of September 1942

Gilbert Fenton
Notary Public, residing at Gooding, Idaho
My commission expires Nov. 23, 1944
(Seal)

Signed Catherine L. Knight or Mrs Daniel K Knight
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September 1942

Gilbert Fenton
Notary Public, residing at Gooding
My commission expires Nov. 23, 1944
(Seal)

Signed Laura W Lucke
(Signature of Any Credible Person Other Than Previous Year)

Gooding, Idaho
(Street Address, City, State)

SEP 5 1942

SEP 8 1942

MAR 9 1949

559-216-024-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70313

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elizabeth Evelsizer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Evelsizer	FULL MAIDEN NAME	Francis Thomas
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lamb

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7-5- 1919 F. T. Cary M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1944

493-127-024-869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital ... Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

70314

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Luther Edward Miller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	6 — 27 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matt Miller	Grace Nozac
RESIDENCE	Gooding Ida	Gooding Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Montana	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Cary

M. D.
(Physician or midwife)

Address Gooding Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-30-1919 F. F. Cary M. D.
Registrar

FEB 1942

394-107-024-993

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70315

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Truitt

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6 — 7 — 19

FATHER

FULL NAME: D. H. Truitt

RESIDENCE: Gooding Ida

COLOR: W AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura L. Richards

RESIDENCE: Gooding Ida.

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Carey

F. F. Carey M. D.
(Physician or Midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6 — 9 — 1919

F. F. Carey M. D.
Registrar

693-106-024-238

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-27

Registration District No. .....

File No. 70316

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Lee Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6 6 1919

FATHER		MOTHER	
FULL NAME	J. T. Williams	FULL MAIDEN NAME	Edna Schofield
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 15 P. M. on the date above stated.

(Signature) F. T. Casey

M. D.
(Physician or midwife)

Address Gooding Ida

Filed 6-9-1919 F. T. Casey M. D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1959

191-114-024-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70317

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Aranbarri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 14 19 9

FATHER		MOTHER	
FULL NAME	Feluccio Aranbarri	FULL MAIDEN NAME	Leocadia Alberdi
RESIDENCE	Gooding	RESIDENCE	West Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 .... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 3:20 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

..... M.D.
(Physician or midwife)

Address .....

Filed 7-5- 19 19

..... Registrar

497-231-024-653

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 70318

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ... Ora Hartness Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 31 1919

FATHER		MOTHER	
FULL NAME	John Fred Dixon	FULL MAIDEN NAME	Laurrina Wells
RESIDENCE	Gooding Co	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida,

Registrar

Filed 7-5- 1919 H. Cary M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1975

RECEIVED
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

12 37AM 75

State of IDAHO
County of TWIN FALLS } ss.

Certificate No. 70318

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dixon (female) (Name on Original Certificate) who was born (Was Born or Died) on May 31, 1919 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing & Baptismal certs. dated 7-6-1919 and prepared on 6-2-1927 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ora Hartness Dixon

Subscribed and sworn to before me this 21st day of January, 19 75

Esther Boss
Notary Public, residing at Twin Falls, Idaho
My commission expires 9-9-75
(Seal)

Signed X Ora Hartness Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
468 Diamond Ave. Twin Falls,
Idaho 83301
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of JANUARY, 19 75

Helen A. Thomas
Notary Public, residing at Pocatello, Idaho
My commission expires March 15, 1977
(Seal)

Signed X Harvey Webb Dixon
(Signature of Any Credible Person)
195 Nixon Road, Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/15/75

Certif. of Baptism and Conf. from the LDS Church gives name as Ora Hartness Dixon daughter of John F. Dixon, and Larrenna Wells. born May 31, 1919 at Gooding, Idaho. Was Baptized June 2, 1927. viewed by V. S.

FEB 5 1975

Certif of Blessing fromt eh LDS Church gives name as Ora Hartness Dixon daughter of John Fredrick Dixon and Laurrennia M. Wells. Born May 31, 1919 at Gooding, Idaho. Was Blessed July 6, 1919. viewed by V. S.

243-130-024-319

PLACE OF BIRTH

amend 7-6-83 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70319

County of Gooding

City of Gooding — Bliss

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD DORAN VINCENT Butler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 30 191 9

FATHER	MOTHER
FULL NAME Arthur Butler	FULL MAIDEN NAME Effie Carrico
RESIDENCE	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida

..... Registrar

Filed 7-5-1919 H. Carey M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-25-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS
JUN 30 4 47 PM '83

70319

State of Idaho
County of Gooding } ss.

Certificate No. 5-25-83
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Doran Vincent Butler (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 30, 1919 (Date of Event)

in Gooding (Gooding) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
place of birth	Gooding	Bliss

Subscribed and sworn to before me this 29th day of June, 1983.

Notary Public, Hilda Lacaway

Residing at Gooding

My commission expires Lifetime

(Seal)

X Doran Butler
Signature of Applicant

X
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Records from University of Idaho lists Doran Vincent Butler born May 30, 1919 in Bliss, Idaho. Enrolled Sept 17, 1937. Viewed by V.S.

JUL 6 1983

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 70319

County of Ada } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 30, 1919 (DATE OF EVENT)

in Gooding, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Doran Vincent — Butler
Maiden name of Mother	Carico	Carrico

Subscribed and sworn to before me this 13th

day of May, 1942

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-'45

(SEAL)

Signed Effie Butler

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

261-104-024-846

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70320

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Franklin Swan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Swan	FULL MAIDEN NAME	Jeannette Huff
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Newspaper Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

..... Registrar

Filed 7-5-1919 F. T. Cary M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-217-024-165

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70321

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Bray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Bray	FULL MAIDEN NAME	Ardath Jones
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Clark

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida.

Filed June 19 19 F. T. Cary M. D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-101-024-513

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 70322

Registered No. .....

FULL NAME OF CHILD Bruner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen Bruner	FULL MAIDEN NAME	Lucinda Eaton
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	313 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Fambo

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding

Filed 7-5-1919 F.T. Cary M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-251551

662-123-024-764

PLACE OF BIRTH

County of Gov Hally

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 70323

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thomas Lea Owsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			June 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nat Owsley	FULL MAIDEN NAME	Elizabeth Gourley
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lumb

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding

Filed 7-5-1919 F.T. Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of Idaho } ss.
County of Gooding }

Certificate No. 70323

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Thomas Lea Owsley (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 23rd - 1919 (DATE OF EVENT)
in Hagerman Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Thomas Lea Owsley
Thomas Lea Owsley		
Born 6-23-1919		

Subscribed and sworn to before me this 16th day of May, 1942

Notary Public, residing at Hagerman Idaho

My commission expires March 23rd - 1944
(SEAL)

Signed Elizabeth Owsley Ellis Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT, IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Hagerman Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19 ____

Notary Public, residing at ____

My commission expires ____
(SEAL)

Signed Elizabeth Owsley Ellis Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Hagerman Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By ____
(REGISTRAR'S SIGNATURE)

MAY 21 1942

244-228-024-214

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Gooding

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70324

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Sumner Lorna Gertrude

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Sumner	FULL MAIDEN NAME	Gertrude Taddis
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Lamb

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida.

Filed 7-5-1919 F.T. Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1967

703 24

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Gooding Hospital
   (e) Mother's stay **BEFORE** delivery: In Hospital or Maternity Home 10 Days
   In THIS county 2 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) Gooding (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Gooding, Ida.

4. **FULL NAME OF CHILD** Lorna Gertrude Sumner

5. **DATE OF BIRTH** (Month, day, year) June 28, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Van Buren Sumner

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Galax, Virginia (City or Town) (State or foreign country)

14. Exact Occupation Trucking

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude L. Faddis

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Woodlawn, Virginia (City or Town) (State or foreign country)

20. Exact Occupation —

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, ~~who~~ was alive. (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude L. Sumner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. **Attendant's OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Gooding Date Oct 14 62

OCT 30 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

714-120-024-355

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70325

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gayland Pauls

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Pauls	FULL MAIDEN NAME	Grace Leeper
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Fassel

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7-5-1919 F. T. Cary M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1944

659-230-024-962

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70326

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Charlotte Lynn Weirich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Wenrich	FULL MAIDEN NAME	Agatha Rosenow
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 3 ..... Number of children of this mother now living, including present birth ... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... H. C. Lamb

..... M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address ..... Gooding Ida.

..... Registrar

Filed 7-5-1919 ..... F. L. Carey M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 7032
Date Filed July 16, 1941
AUG 5 1941

The undersigned does solemnly swear that certain facts on the certificate of June 30, 1919 birth
(Birth or death)
for Charlotte Lynn Wenrich who was born on June 30, 1919
(Name on original certificate) (Was born or died) (Date of event)
in Wendell are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by parents prepared on , are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wenrich	Charlotte Lynn Wenrich
Birth place	Gooding	Wendell
	4 oh	

Subscribed and sworn to before me this
day of August, 19 41
G. D. McQueary
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2 - 1944
[SEAL]

Signed Agatha Weinrich (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Wendell Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

OCT 13 1943

914-129-024-434

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. II-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70327

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD FREDRICK WILLIAM Rader

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Rader	FULL MAIDEN NAME	Bertha McMillian
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lamb

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida.

Registrar

Filed 7-5-1919 F. Cary M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 70327

State of Idaho } ss.
County of Ada

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 29, 1919 (DATE OF EVENT)
in Gooding, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Fredrick Wm. Raden

Subscribed and sworn to before me this 17th
day of April, 1942

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(SEAL)

Signed Mrs. Bertha McKechnie
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 18 1942

168-127
014-713

PLACE OF [redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70328

County of Can[redacted]

City of

No. St.

Hospital

Registration District No. 4

File No. [redacted]

Primary Registration District No. 1008

Registered No. 17

FULL NAME OF CHILD

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Johnson	FULL MAIDEN NAME	Sybil Gale
RESIDENCE	Parma Ida	RESIDENCE	Parma Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Payette Ida

19

Filed Apr 28 1919 J C Woodward Registrar

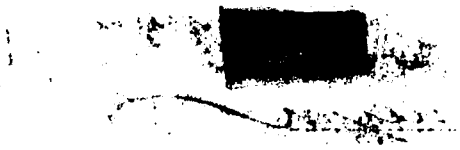
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



893-203
041-319

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70329

County of Teton

City of Driggs R.D. 1

Registration District No. 77

File No. Two

No. ..... St.

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD Crystal Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	July 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Hill	FULL MAIDEN NAME	Lina Larsen
RESIDENCE	Driggs R.D. 1	RESIDENCE	Driggs R.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Willsvill Utah	BIRTHPLACE	Danmark
OCCUPATION	Farmer	OCCUPATION	house Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Anne Larsen

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs R.D. 1 Bx 25

Filed July 22 1919 Martha Marker

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-127-041-265

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70330

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. 77

File No. One

Primary Registration District No. 2176

Registered No. _____

FULL NAME OF CHILD ~~Baby Douglass~~ Fred Allen Douglass

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Douglass	FULL MAIDEN NAME	Lina Sweet
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Massachusetts
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Tetonia Idaho

Filed July 12 1919 Martha Marher Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1955

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1966 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton }

Certificate No. 70330

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Douglass (male child) who was born on June 27, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Tetonia, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fred Allen Douglass
XXXXXXXXXXXXXXXX Father's Last Name	XXXXXXXX Douglass	XXXXXXX

Subscribed and sworn to before me this 14 day of January, 1966

Notary Public, residing at Driggs, Idaho

My commission expires 12-21-69

(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January, 1966

Notary Public, residing at Driggs, Idaho

My commission expires 12-21-69

(Seal)

Signed (Signature of Any Credible Person)

Driggs, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12-30-65. one copy pd. rec. #6487.

L.D.S. Church Certificate of Membership, blessed Oct. 5, 1919, baptizedMar. 30, 1930 and confirmed April 6, 1930 gives full name as Fred Allen Douglass, born June 27, 1919 at Richvale, Idaho to Charles Douglass and Lena Sweet - viewed by V.S APR 13 1966

Social Security Card, #518-09-9169 gives full name as Fred Allen Douglass - viewed by V.S.

293-108-041-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70331**

Registration District No. 77 File No. Three

Primary Registration District No. 2176 Registered No. ____

FULL NAME OF CHILD ~~Baby~~ Billingsley, Rex William

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 8 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Billingsley	Myra Roelibach
RESIDENCE	Tetonia Idaho	Tetonia Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Caroline Rummell

Midwife (Physician or midwife)

Address Tetonia

Filed July 22, 1918 Martha Marker Registrar

S-Y CO. 24688

11/28/40 L. B.

238-12-041-665

PLACE OF BIRTH

County of Teton

City of Driggs VICTOR

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70333

Registration District No. 77 File No. [illegible]

Primary Registration District No. 2176 Registered No. .....

Full Name of Child ~~LeRoy George Schmith~~ GEORGE LEROY

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	July 20 1917

FATHER

FULL NAME George W. Schmith

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Nevada

OCCUPATION Car Clerk

MOTHER

FULL MAIDEN NAME Margret Woolley

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Wyoming

OCCUPATION House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Driggs

..... Registrar Filed July 28 19 Martha Marker Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 19 1942

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada
County of White Pine } ss.

Certificate No. 70332
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George LeRoy Schmidt (Name on Original Certificate) who born (Was Born or Died) on 20th July, 1919 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Oct. 19, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of birth	Driggs	Victor
Date of birth	July 20 - 1919	July 21 - 1919
Name should be	George LeRoy Schmidt	

Subscribed and sworn to before me this 22nd day of October 1942
Louise McFadden
Notary Public, residing at Ely, Nevada
My commission expires 10/12/45
(Seal)

Signed George W. Schmidt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)
East Ely, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of White Pine } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October 1942
Louise McFadden
Notary Public, residing at Ely, Nevada
My commission expires 10/12/45
(Seal)

Signed Mrs. Geo. W. Schmidt
(Signature of Any Credible Person Other Than Previous Year)
East Ely, Nevada
(Street Address, City, State)

OCT 26 1942

386-123-041-619

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Lelonia

City of Lelon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70334

Registration District No. 77 File No. 247

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Baby Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 23 1919

FATHER

FULL NAME Milton R. Thompson

RESIDENCE Lelonia

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary A. Wardle

RESIDENCE Lelonia

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Caroline Rummell

Midwife (Physician or midwife)

Address Lelonia

Filed July 29 1919 Martha Marker Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

393-226-041-28T

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70335**

Registration District No. 77 File No. Seven

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Baby Little LOIS LITTLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	May 26 191 6

FATHER

FULL NAME: Edwin C. Little

RESIDENCE: Tetonia

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida M. Shanin

RESIDENCE: Tetonia

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Caroline Rammell

Midwife
(Physician or midwife)

Address Tetonia

Filed July 28 19 19 Martha Marker
Registrar

5-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1944

314-227-041-643

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Richvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70336

Registration District No. 77 File No. Eight

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Baby Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	May (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Bryant Campbell	FULL MAIDEN NAME	Almeda Fullmer
RESIDENCE	Richvale, Idaho	RESIDENCE	Richvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Teloma

Filed July 28 1919 Martha Marker Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-101-041-154

[redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70337

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77 File No. Nine

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Baby Craig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 1 1919

FATHER		MOTHER	
FULL NAME	C. Craig	FULL MAIDEN NAME	Ruth Anderson
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Minneapolis
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Pannell

midwife
(Physician or midwife)

Address Tetonia

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 28 1919 Martha Marker
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-203-041-766

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70338

Registration District No. 77 File No. Ten

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Erma Johnston

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin W. Johnston	FULL MAIDEN NAME	Etta Alice Goodrich
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyo
OCCUPATION	Farm Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Driggs

_____ Registrar

Filed July 28 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup. Copy of L.D.S. Church Certificate of Baptism and Confirmation, Jan. 6, 1929 gives full name as Erma Johnston, daughter of Alvin Johnston and Etta Goodrick, born June 3, 1919 at Victor, Idaho - viewed by V.S.

Statement from Esther B. Allan, County Sperintendent of Schools, states that according to school enrollment records Erma Johnston attended School at Jackson, Wyoming during the school year of 1929-30, her age at that time was given as 10 years old; parent's name is given as Alvin Johnston - statement written April 30, 1962 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
REC'D MAY 1962
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyoming } ss. Certificate No. 70338
County of Teton

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Johnston (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1919 (Date of Event) in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on November 13 - 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Erma Johnston
Erma	Johnston	Bonner

Subscribed and sworn to before me this 13 day of November, 1962.

George W. Kelly
Notary Public, residing at Jackson, Wyoming
My commission expires May 18 - 1964
(Seal)

Signed Etta Goodrick Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jackson Wyo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Teton

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of November, 1962.

George W. Kelly
Notary Public, residing at Jackson, Wyoming
My commission expires May 18 - 1964
(Seal)

Signed Emma Lee Parker Bagley
(Signature of Any Credible Person)
Victor Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4-3-62. one copy pd. rec. #8928.

NOV 20 1962

363-206-041-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-3-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70339

Registration District No. 77 File No. Eleven

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Helen Eileen Colson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 6 1919

FATHER		MOTHER	
FULL NAME	K. F. Colson	FULL MAIDEN NAME	Olive Martin
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Manager of Cheese Factory	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

..... Registrar

Filed July 28 1919 Martha Marker Registrar

SEP 2 1 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-211-041-249

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70340

Registration District No. 77

File No. Twelve

Primary Registration District No. 2176

Registered No. _____

Full Name of Child Florence Vivian Harper

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: June 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H Harper	FULL MAIDEN NAME	Florence Mabel Burgher
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	Minn
OCCUPATION	Clerk in Store	OCCUPATION	H. W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:18 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address [illegible]

Registrar

Filed July 28 1919 Martha Marker
Registrar

JAN 1 9 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70340

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harper (Female) (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1919 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Florence Vivian Harper

Subscribed and sworn to before me this 13 day of October, 1972

Notary Public, residing at Twin Falls

My commission expires June 22, 1975

(Seal)

Signed Dorothy L. Stone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 1/18/72 nm

Certificate of Birth from LDS Church gives name as Florence Vivian Harper. Born June 11, 1919.at Victor, Idaho. Father's name given as John Harper and the mother's maiden name given as Florence M. Bircher. Entered on record Dec 7, 1919. Viewed by V. S.

NOV 1 1972

Ins. Policy from Beneficial Life Ins. Co., gives name as Florence Vivian Hunter: dated Jan. 28, 1955. Viewed by V. S.

155-227-041-553

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70341**

Registration District No. 77 File No. Thirteen

Primary Registration District No. 976 Registered No. _____

Full Name of Child Beth Jenkins

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	June 27 19 17

FATHER		MOTHER	
FULL NAME	Delos Jenkins	FULL MAIDEN NAME	Nellie Nelson
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Railroad Employee	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W Leroy Smith

Physician

(Physician or midwife)

Address Driggs

Filed July 28 1917 Martha Marker

Registrar

SEP 10 1942

944-710-041-264

PLACE OF BIRTH

County of Teton

City of Teton

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70342

Registration District No. 77 File No. fourteen

Primary Registration District No. 2176 Registered No. _____

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	July 10 1919

FATHER		MOTHER	
FULL NAME	Otto F. Rudolph	FULL MAIDEN NAME	Florena Southwick
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 20 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Address Driggs

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 28 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-212-041-342

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70343**

Registration District No. 77 File No. fifteen

Primary Registration District No. 2176 Registered No. _____

Full Name of Child ISABEL IDA Durtschi

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			yes	July 12 1918

FATHER		MOTHER	
FULL NAME	Alfred Durtschi	FULL MAIDEN NAME	Ida Buschbacher
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Address Driggs

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 28 1919 Martha A Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 70343

Date Filed MAY 11 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Isabel Ida Durtschi

Subscribed and sworn to before me this 7th
day of May, 19 42.

Notary Public, residing at Driggs, Idaho
My commission expires April 14, 1945
(Seal)

Signed Alfred Durtschi
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of May, 19 42.

Notary Public, residing at Driggs, Idaho
My commission expires April 14, 1945
(Seal)

Signed R. J. Fullmer
(Signature of Any Credible Person Other Than Previous Year)

Driggs, Idaho
(Street Address, City, State)

MAY 14 1942

652-116-041-244
Amended 7-16-69

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70344

County of Teton

City of Victor

No. _____ St.

Hospital _____

Registration District No. C 77

Primary Registration District No. 2176

File No. Seventeen

Registered No. _____

Full Name of Child Selar Cheney Westover

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		Yes	July (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Edwin Westover	FULL MAIDEN NAME	Hattie Humble
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Section Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 59 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs

Filed July 28 1919 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

T6344

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend a Certificate of Birth or Death

RECEIVED
JUN 27 1969
Bureau of Vital Statistics

State of Idaho
County of Bingham } ss.

Certificate No. 70344

Date Filed

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Unnamed Westover (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1919 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Selar Cheney Westover

Subscribed and sworn to before me this 2nd day of December, 1965

Notary Public, residing at Blackfoot, Idaho
My commission expires 11-1-69
(Seal)

Signed Arthur Westover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

300 Robertson Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 1965

Notary Public, residing at Blackfoot, Idaho
My commission expires 11-1-69
(Seal)

Signed Geana W. Mortensen
(Signature of Any Credible Person)

300 Robertson, Blackfoot Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-4-65. one copy pd. rec. #00383.

JUL 16 1969

L.D.S. Certificate of Birth dated January 7, 1966 gives the name of Selar Cheney Westover who was born July 16, 1919 at Victor, Idaho, son of Arthur Westover and Hettie M. Humble. Recorded at Teton Stake, Victor Ward record of Births and Blessings 1919, Page 158, Line 564, October 5, 1919, Viewed by V.S.

L.D.S. Certificate of Ordination certified that Selar Cheney was ordained a priest on February 14, 1943 by Melvin E. Morris. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. 386-112-041-219 St.

Hospital Name added 7-28-81

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70345

Registration District No. 77

File No. Sixteen

Primary Registration District No. 2176

Registered No.

Full Name of Child Charles Leland Thompson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
male				yes.	July 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C A Thompson	FULL MAIDEN NAME	Fanny Barington
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Oklahoma	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes K Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs

Filed July 28 1919 Martha Marker

Registrar

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NAME

... U. S. No. 11—25m-6-42

6-3-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 10 1 37 PM '81

State of Idaho
County of Jefferson } ss.

Certificate No. 70345
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thompson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-12-19 (Date of Event)

in Driggs (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Charles Leland Thompson

Subscribed and sworn to before me this 12th day of June, 1981.

Notary Public, Gloria Aldrich
Residing at Terreton Idaho
My commission expires Oct 10, 1981
(Seal)

* C. Leland Thompson
Signature of Applicant
Box 118 Terreton Idaho 83450
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1981.

Notary Public, Gloria Aldrich
Residing at Terreton Idaho
My commission expires Oct 10, 1981
(Seal)

Harold Thompson
Supporting Signature

Terreton Idaho
Street Address, City, State

1 cc pd

Army of the United States Honorable Discharge gives name as Charles L. Thompson born July 21, 1919, at Driggs, Idaho. Separated October 19, 1945. Entered service April 23, 1942.
Viewed by V.S.

Qwn child's birth certificate on file with Vital Statistics Boise, Idaho, gives name of father as Charles Leland Thompson. Child born June 4, 1956 in Driggs,Idaho. Father age 36 and born in Driggs, Idaho.
Viewed by V.S.

892-119-041-693

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—[illegible]-6-15-18

CERTIFICATE OF BIRTH 70346

Registration District No. 77 File No. Eighteen

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Charles P. Hibbard, Jr.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	July 19 1918

FATHER

FULL NAME C. P. Hibbard

RESIDENCE Driggs

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Miss Mary Williams

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Indiana

OCCUPATION House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Driggs

Filed July 28 1918 Martha Marker Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 4 0 1976

295-107-004-359

[redacted] Form V. S. No. 11-C—20m-2-15-12

[redacted] ICS.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

70347

County of Bear Lake

City of St Charles

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 55 Registered No. _____

Hospital _____

FULL NAME OF CHILD Courtney Brewer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Brewer	FULL MAIDEN NAME	Bertha Arnell
RESIDENCE	St Charles	RESIDENCE	St. Charles
COLOR	U	COLOR	U.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M.D. (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Paris Idaho

Filed 1-10 1919 John Mathson Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 20 1954

BREWER

dup of 1919-65425

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

236 - 209 - 018 - 431

U. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ..... St.

Hospital Elk River

Bureau of [redacted] CERTIFICATE [redacted] 70351

Registration District No. 91

Primary Registration District No. 2168 Registered No. .....

FULL NAME OF CHILD Maria Scondras

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		Yes	7 9 191 9

FATHER		MOTHER	
FULL NAME	Nicholas Scondras	FULL MAIDEN NAME	Katharine Marko
RESIDENCE	Lorraine Ohio	RESIDENCE	Elk River Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Greece	BIRTHPLACE	Austria
OCCUPATION	Cafe Prop.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert R Walton M.D (Physician or Midwife)

Address Elk River - Idaho

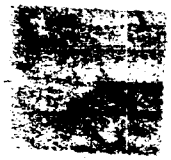
Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/15 19 9 R.R. Walton Registrar

S-Y CO., 16670

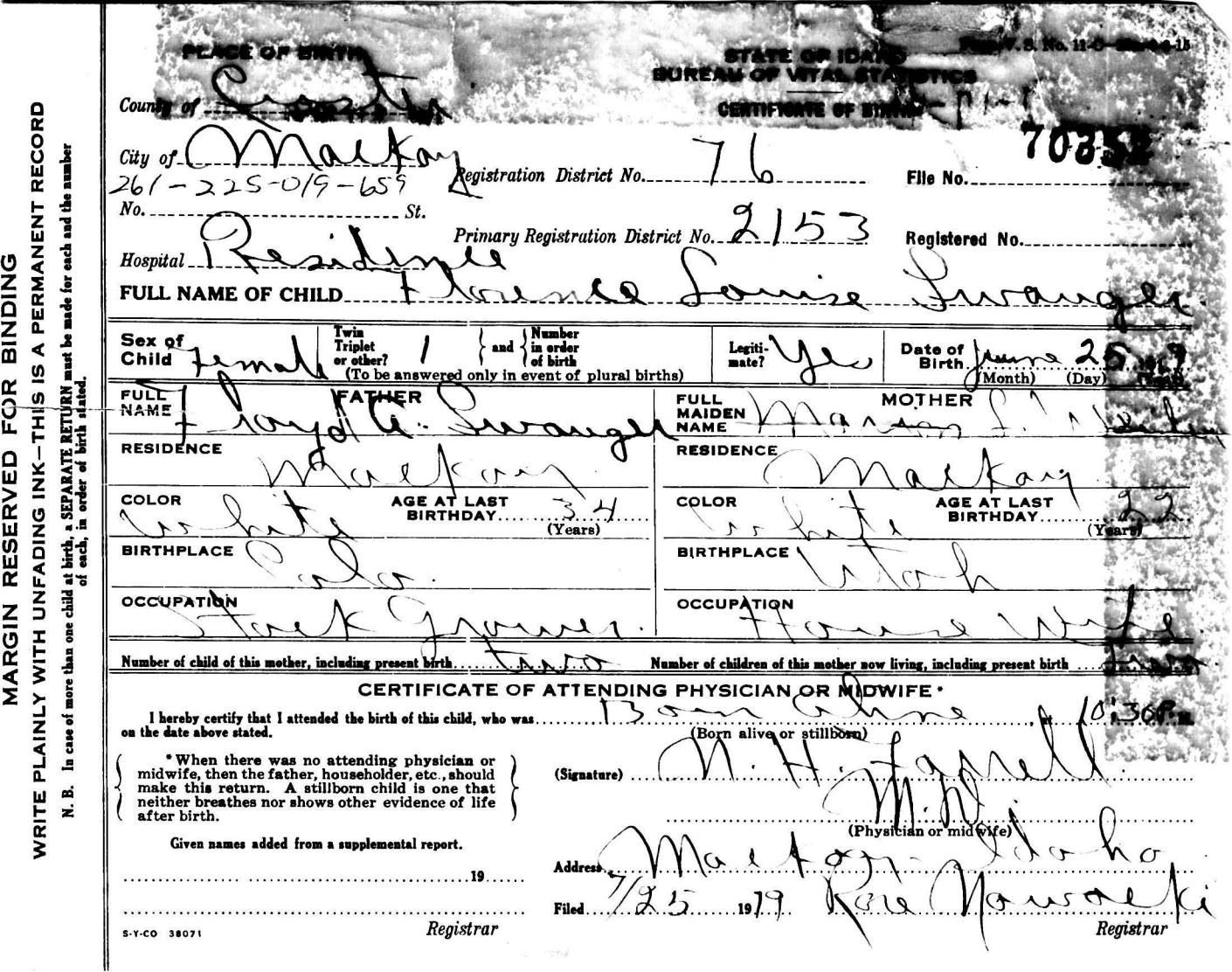


APR 18 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-15

County of Custer

City of Mackay

261-225-019-659

No. ..... St.

Registration District No. 76

File No. 70352

Primary Registration District No. 2153

Registered No. .....

Hospital Residence

FULL NAME OF CHILD Florence Louise Swanger

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1		Yes	June 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd A. Swanger	FULL MAIDEN NAME	Marion [illegible]
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Stock Grower	OCCUPATION	House Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed 7/25 1919 Rose Nowacki

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

693-116-019-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70353

County of Custer

City of Chilly

Registration District No. 16

File No. 116

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital Roswell Sheridan

FULL NAME OF CHILD Wm Sheridan Fitzgerald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	July 16 1919

FATHER		MOTHER	
FULL NAME	Wm Rose Fitzgerald	FULL MAIDEN NAME	Bertha I Parker
RESIDENCE	Chilly Ida.	RESIDENCE	Chilly Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Va	BIRTHPLACE	Idaho
OCCUPATION	Mechanic.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. H. Farrell

(Physician or midwife)

Address Mackay Ida.

Filed 7/21 19 19 [illegible] Registrar

8-Y CO. 24656

296-109-019-719

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

70354

CERTIFICATE OF BIRTH

County of [redacted] Custer

City of Leslie

Registration District No. 76 File No. 15

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Rex Farrell Brown.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Apr 9 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert C Brown	Chloe Gardner
RESIDENCE	Leslie Idaho.	Leslie Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Colo.	Utah.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Farrell

(Physician or Midwife)

Address Mackay Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7/21 1917 Rose Nowatka
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

819-115-019-249

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70355

PLACE OF BIRTH

County of Custer

City of Mackay

No. _____ St.

Hospital _____

Registration District No. 76

File No. 8

Primary Registration District No. 2153

Registered No. _____

FULL NAME OF CHILD Doreen Harcourt.

Sex of Child Female

Twin, Triplet or other? _____ and Number in order of birth _____
(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth May 13 1913
(Month) (Day) (Year)

FATHER

FULL NAME Stewart Harcourt.

RESIDENCE Mackay Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Blanche Smith.

RESIDENCE Mackay

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah.

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farnell
(Physician or midwife)

Address Mackay Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7/1 1913 Rose Monroe Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1955

666-212-019-713

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Mackay

No. ____ St.

Hospital Mackay

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

Primary Registration District No. 2153

File No. 2 70357

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 12 1919

FATHER		MOTHER	
FULL NAME	T. E. Woolstenhulme	FULL MAIDEN NAME	Thyda Pack
RESIDENCE	Mackay Ida.	RESIDENCE	Mackay Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	41
		BIRTHPLACE	Utah
		OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W H Farrell

(Physician or midwife)

Address Mackay Idaho

Filed 7/21 19 19 Rae Maxwell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y CO. 24656

962-101-009-966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 10 [redacted]

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 70359

No. ..... St.

Primary Registration District No. 2155

Registered No. 1564

Hospital .....

FULL NAME OF CHILD MELVYN ROLAND Roberts

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes.	June 1 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rowland Roberts	Ira Frances Rooks
RESIDENCE	Careywood Idaho	Careywood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Idaho	Mo.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed June 19 19 M. McKinnon (Deputy)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 7035 9
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Melvyn Roland Roberts (Name on original certificate) who born (Was born or died) on 6/1/19 (Date of event)
in Carnegiwood, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by registration (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Melvyn Roland Roberts

Subscribed and sworn to before me this 27th
day of Sept 19 41
Myrtle Cole
Notary Public, residing at Seattle
My commission expires 3/11/42
[SEAL]

Signed ✓ Roland Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2909 E Madison Seattle, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of Sept 19 41
Myrtle Cole
Notary Public, residing at Seattle
My commission expires 3/11/42
[SEAL]

Signed ✓ Mrs. Frances Roberts
(Signature of any credible person other than the previous affiant.)
2909 East Madison
(Street Address, City, State)
Seattle, Washington

Received for filing on By
(Registrar's signature)

363-228-009-393

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70360

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 7155

File No. .....

Registered No. 1567

FULL NAME OF CHILD Bernice Viola Cotter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Veyrone Cotter	FULL MAIDEN NAME	Viola Tilden
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed June 19 19

M. McKinnon (Joe) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-114-009-396

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. Washington & Cheswell St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70361

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No. 1548

FULL NAME OF CHILD Bud Edward Timblin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Bud Timblin	FULL MAIDEN NAME	Jennie June Troth
RESIDENCE	Sandpoint Idaho.	RESIDENCE	Sandpoint Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint

19

Filed 1919 19

M. McKinnon (SKW) Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-209-009-697.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70362

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 1544

FULL NAME OF CHILD Ester Theresa Nordberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	June 9 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earnest Nordberg	FULL MAIDEN NAME	Agusta T. Wignell
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Yarbrough

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Idaho

Filed 7-1- 1919 M. McKinnon Sr.

Registrar Registrar

APR 14 1942

843-211-009-813

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Central

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 78

Primary Registration District No. 2155

File No. 70363

Registered No. 1547

FULL NAME OF CHILD Marion Hannah Hull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry B. Hull	FULL MAIDEN NAME	Svea Hallgren
RESIDENCE	Leavenworth Wn	RESIDENCE	Leavenworth Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illionis	BIRTHPLACE	Sweden
OCCUPATION	Head Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 19 19 M. McKinnon (SRM) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 20 1942

DEC [illegible] 1987

MAR 1 1972

415-226-009-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70364

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Central

Registration District No. 78

Primary Registration District No. 2155

File No. .....

Registered No. 1545

FULL NAME OF CHILD Doris Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Davis	FULL MAIDEN NAME	Helen Davis
RESIDENCE	Deceased	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Idaho
OCCUPATION	Labour (Deceased)	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Sandpoint Idaho.

Filed June 1919 M. McKinnon (Sgd) Registrar

249-215-009-442

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 78 File No. 70365

Primary Registration District No. 2155 Registered No. 1546

FULL NAME OF CHILD Edith Irene Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	\		—	yes	June 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Smith	FULL MAIDEN NAME	Lillie Dustin
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Canada
OCCUPATION	Section Man	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (born alive or stillborn), at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

19

Filed June 19 19 M. McKinnon (SKM) Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 70565

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith Irene Smith (Name on Original Certificate) who born (Was Born or Died) on June 15th, 1919 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edith Irene Smith

Subscribed and sworn to before me this 18th day of March, 1944

Notary Public, residing at Sandpoint, Idaho

My commission expires Nov. 22, 1946
(Seal)

Signed Gillian Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 21 1944

MAR 22 1944

281-208
009-294

PLACE OF

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70366

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 1561

Hospital Central

FULL NAME OF CHILD Vera Isabell Shaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	June 18, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Shaver	Agnes Simmons
RESIDENCE	Hope, Idaho.	Hope, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Mich.	Minnesota
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed June 19 19 M. McKinnon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B: In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-207-009-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78

Primary Registration District No. 2155

File No. 70367

Registered No. 1567

FULL NAME OF CHILD Ida Wilson

Sex of Child: Female

Twin / ~~Triplet~~ / ~~or other?~~ and Number in order of birth: 1st

(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Wilson	FULL MAIDEN NAME	Bessie Turnbull
RESIDENCE	Sagle	RESIDENCE	Sagle
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. McKinnon

..... (Physician or midwife)

Address Sandpoint Idaho.

Filed June 19 19 M. McKinnon (SRM) Registrar

Given names added from a supplemental report.

.....19.....

.....

Registrar

Address.....

Filed.....19.....

.....

Registrar

693 - 207 - 009 - 349

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70368

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78

Primary Registration District No. 215

File No. .....

Registered No. 153

Hospital .....

FULL NAME OF CHILD Ira Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	Yes.	June 7 — 1919

FATHER		MOTHER	
FULL NAME	Jas. Wilson	FULL MAIDEN NAME	Bessie Turnbull
RESIDENCE	Sagle	RESIDENCE	Sagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. McKinnon

..... (Physician or midwife)

Address Sandpoint Idaho.

Filed June 19 19 M. McKinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-226-009-816

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70369

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 1565

FULL NAME OF CHILD Marian Louise Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 26, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Jas. Palmer	FULL MAIDEN NAME	Hazel Hawley #1
RESIDENCE	Sunnyside R.F.D. #1	RESIDENCE	Sunnyside R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	N. Y.
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 1919 Dr. M. McKinnon (Sgn) Registrar

Registrar

N. B. In case of more than one child ... must be made for each and the number of each, in order of birth stated.

SEP 30 1953

DEC 6 1949

395-202-009-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH **70370**

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 1566

FULL NAME OF CHILD Eva Lindstrom

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	June 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Lindstrom	Annie Dobroth
RESIDENCE	Dover	Dover
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Sweden	Wis.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 6:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed June 19 19 M. McKinnon (Seal) Registrar

Address.....

Filed.....19.....

Register

168-130-009-432

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70371

County of Bonner

City of Sandpoint

No. 514 N. 2nd St.

Hospital City

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No. 1560

FULL NAME OF CHILD Carl Albert Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			One	Yes	June 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Johnson	FULL MAIDEN NAME	Ester Olson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Sandpoint

Filed 7-6 1919 [signature]

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

N. B. In case of mo... of each, in ord...

15 1942

DECEASED

291-211-009-993

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 70372

Primary Registration District No. 2155 Registered No. 1568

FULL NAME OF CHILD Mary Etta Bradford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Bradford	FULL MAIDEN NAME	Carrie Richardson
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7-15 1919 M. McKinnon (SKM) Registrar

MARGIN [illegible] ...DING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1942

295-130
009-296

PLACE OF [redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 102-S. First St.

Hospital

Registration District No. 78

File No. 70373

Primary Registration District No. 2155

Registered No. 1549

FULL NAME OF CHILD ROBERT FRANK King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	June 30, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. F. King.	FULL MAIDEN NAME	Minnie Belle Broadhurst
RESIDENCE	102-S. First Sandpoint Ida	RESIDENCE	102-S. First Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Mo.
OCCUPATION	Contractor Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Boardhouse

MPL (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint

19

Filed 7-1 1919 M. McKinnon (Sgd) Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Fresno }

Certificate No. 70373
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for ROBERT FRANK KING (Name on original certificate) who was born (Was born or died) on June 30, 1919 (Date of event)
in Sand Point, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by statement of Mother (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed King	Robert Frank King

Subscribed and sworn to before me this 2nd
day of January, 19 42.
Verla A. Peterson
Notary Public, residing at Fresno, California
My commission expires November 1, 1944
[SEAL]

Signed Minnie B King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother
619 San Pablo st Fresno Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of January, 19 42.
Verla A. Peterson
Notary Public, residing at Fresno, California
My commission expires November 1, 1944
[SEAL]

Signed Emma Broadhurst
(Signature of any credible person other than the previous affiant.)
619 San Pablo Fresno Cal
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

419-203-031-231

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70374

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. .....

Primary Registration District No. 2124

Registered No. 15

FULL NAME OF CHILD June Lorraine Marsh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Lewis Marsh	FULL MAIDEN NAME	Myrtle Almarta Stanton
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Palouse Wash.	BIRTHPLACE	Kendrick Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Idaho

Albert Hauff Registrar

Filed 7-15 1919 Albert Hauff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-217-031-238

Form V. S. No. 11—25m-1-1-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70375

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 17

FULL NAME OF CHILD Hazel Hattie Waldrip

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Thomas Waldrip	FULL MAIDEN NAME	Ida Mae Schwartz
RESIDENCE	Russell Idy	RESIDENCE	Russell Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T Gis

Physician or Midwife (Physician or midwife)

Given names added from a supplemental report.

7-18 1919

Albert Huff Registrar

Address Nezperce Idaho

Filed 7-15 1919 Albert Huff Registrar

6-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

177-205
042-962
PLA[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70388

County of [redacted] Falls,

City of [redacted], Ida.

Registration District No. 34 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Roberta Grace.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	6-5-1919

FATHER		MOTHER	
FULL NAME	A. A. Applegate	FULL MAIDEN NAME	Grace M. Robinson
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Atlanta, Ill.	BIRTHPLACE	Emporia, Kansas
OCCUPATION	Educator.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fred Clarke

Phys (Physician or midwife)

Address Buhl Ida

Filed 7-1 1919 J. H. Wrapley Registrar

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1942

253-107-042-165

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70389

County of Twin Falls

City of Buhl, Idaho

Registration District No. 39 **File No.**

No. ..... *St.*

Primary Registration District No. 2087 **Registered No.**

Hospital

FULL NAME OF CHILD Ralph Raymond Beck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6-7-1919

FATHER		MOTHER	
FULL NAME	R. D. Beck.	FULL MAIDEN NAME	Myrtle M. Jones.
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho —
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 7-1 1919 J. H. Humphrey

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1949

813-208-042-989

PLACE OF BIRTH AMENDED SEPTEMBER 10, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Registration District No. 39 File No. 70390

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Ellyne Lenora Hallman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 8, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Alfred A. Hallman	FULL MAIDEN NAME: Maud E. Rhinehart
RESIDENCE: Buhl, Idaho	RESIDENCE: Buhl, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Sheldon, North Dakota
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Physician
(Physician or midwife)

Address Buhl, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7-1 1919 J. H. Munplen
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 70390

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ellyne Lenore Hallman
Date	June 9th	June 8, 1919

Subscribed and sworn to before me this 17th day of Sept., 19 42

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Maud E Hallman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

SEP 1 0 [illegible]

AUG 1 2 1953

SEP 1 3 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70390
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace of Mother	Sheldon, Wisconsin	Sheldon, North Dakota

Subscribed and sworn to before me this 8th day of Sept, 1973
Mabel F. Eaton
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Alfred Hallman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1815 No 9th - Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)
.....
(Street Address, City, State)

FORM DPH - 51117

SEP 9 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho Registration District No. 34 File No. 70390

No. _____ St.

Primary Registration District No. 2087 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ellyne Lenore Hallman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	6-8-1919

FATHER		MOTHER	
FULL NAME	Alfred A. Hallman	FULL MAIDEN NAME	Maud E. Rhinehart
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	BIRTHPLACE	Sheldon Wisconsin
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 20 a.M. on the date above stated. (Born alive or stillborn)

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Address Buhl Idaho

Filed 7-1 1919 J. H. Murphy Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

395-109-042-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

Registration District No. 39

File No. 70391

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gilbert Henry Liermann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6-9-1919

FATHER		MOTHER	
FULL NAME	Henry Liermann	FULL MAIDEN NAME	Frieda Bock
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 05 a. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Shrc Clusky

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 7-1 1919 J. H. Murphy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 70391

County of Orange } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Gilbert Henry Liermann (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 9- 1919 (DATE OF EVENT)

in Clover City, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June IO 1935 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Gilbert Henry Lierman

Subscribed and sworn to before me this 28th day of April, 19 42

E K Wans

Notary Public, residing at Orange, Calif.

My commission expires Oct. Ist 1942

(SEAL)

Signed Henry Liermann

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Orange }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 19 42

E K Wans

Notary Public, residing at Orange, Cal.

My commission expires Oct Ist 1942

(SEAL)

Signed [illegible]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

535 E. Almond Orange Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 4 1942 By

(REGISTRAR'S SIGNATURE)

MAY 8 1942

367-211-042-291

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-9-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

CHILD'S NAME ADDED & MOTHER'S MAIDEN NAME AMENDED 2-5-2010 CMW

Registration District No. 34

File No. 70392

No. _____ St.

Primary Registration District No. 2087

Registered No. _____

Hospital _____

FULL NAME OF CHILD CAROL BONETTA COX

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	6-11-1919

FATHER		MOTHER	
FULL NAME	A. Ira Cox	FULL MAIDEN NAME	BURNETTA Nettie Brady
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Fairview Utah	BIRTHPLACE	Sanford, Colo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 05 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Chesky

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida

19

Filed 7-1 1919 J. H. Murphy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-211-042-291

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70392

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cox (Name on Original Certificate) who born (Was Born or Died) on June 11, 1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Carol Bonnetta Cox
Full Maiden Name of Mother	Nettie Brady	Burnetta Brady

Subscribed and sworn to before me this 30 day of October, 1958

Notary Public, residing at Logan, Utah

My commission expires Nov. 21, 1963

(Seal)

Signed X Burnetta Brady Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

546 South 8th Ave Pocatello, Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

CL 4-14-60. one copy pd. receipt #00468.

UTAH MARRIAGE CERTIFICATE REED GUNNELL & CAROL BONETTA COX MARRIED 4-19-1941 VIEWED BY VS

LDS CERTIFICATE OF BAPTISM & CONFIRMATION LUANNE GUNNEL BAPTIZED 8-3-1957 MOTHER'S MAIDEN NAME: CAROL BONETTA COX VIEWED BY VS

IDAHO BIRTH CERTIFICATE #1928-164131 CALVIN KENT COX BORN 8-12-1928 MOTHER'S MAIDEN NAME: BURNETTA BRADY VIEWED BY VS

IDAHO DEATH CERTIFICATE #1982-003962 BURNETTA (NETTIE) RUTH COX DIED 8-24-1982 MAIDEN SURNAME: BRADY VIEWED BY VS

731-220-042-859

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida.

No. _____ St.

Hospital _____

Registration District No. 39

File No. 70393

Primary Registration District No. 2081

Registered No. _____

FULL NAME OF CHILD Helen Pauline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	6-20-1919

FATHER		MOTHER	
FULL NAME	M. C. Gladowski	FULL MAIDEN NAME	Kathryn Heimen
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska.
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

[illegible]
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed 7-1 1919 J. H. Humphrey
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

955-220-042-331

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Fall

City of Buhl, Ida.

Registration District No. 39 **File No.** 70394

No. _____ *St.*

Primary Registration District No. 2087 **Registered No.** _____

Hospital _____

FULL NAME OF CHILD June Reed,

Sex of Child F.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 6 (Month) - 20 (Day) 1919 (Year)

	FATHER		**MOTHER**
FULL NAME	Fred Reed	**FULL MAIDEN NAME**	Elsie Clark
RESIDENCE	Buhl, Ida.	**RESIDENCE**	Buhl, Ida.
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	39 (Years)	**AGE AT LAST BIRTHDAY**	30 (Years)
BIRTHPLACE	Elko - Nev.	**BIRTHPLACE**	Colville, Utah
OCCUPATION	Farming	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 6 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 9 00 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

(Signature) A. F. McClusky

Phys.
(Physician or midwife)

Address _____

Filed 7-1 1919 J. H. Murphey *Registrar*

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

844-224-042-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

Registration District No. 39

File No. 70395

No. _____ St.

Primary Registration District No. 2087

Registered No. _____

Hospital _____

FULL NAME OF CHILD Wilmola Alberta Hudson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	6-24-1919

FATHER		MOTHER	
FULL NAME	Chas. Hudson	FULL MAIDEN NAME	Ida Worley
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Pa.	BIRTHPLACE	Oregon
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fruchtusky

Phys (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 7-1 1919 J. H. Murphy Registrar

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1971

651-127-042-467

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-5-27

Registration District No. 39 File No. 70396

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD JOHN THOMAS Weaver JR.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 27 1929

	FATHER	MOTHER
FULL NAME	John Thomas Weaver	FULL MAIDEN NAME Nan Elizabeth Moxley
RESIDENCE	Buhl, Ida	Buhl, Ida.
COLOR	Wht	COLOR Wht
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Pelew, N.C.	BIRTHPLACE Sparta, N.C.
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1 1929 J. T. Moxley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO MAR 13 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of West Virginia
County of Mingo } ss.

Certificate No. 70396

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Thomas Weaver Jr. (Name on Original Certificate) who born (Was Born or Died) on June 27, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 27, 1919. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Weaver	John Thomas Weaver

Subscribed and sworn to before me this 10th day of March, 1942.

N. L. Chauncey

Notary Public, residing at Matewan, W.Va.

My commission expires June 11th, 1951.
(Seal)

Signed John Thomas Weaver Sr.
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Sprigg, West Virginia
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of West Virginia
County of Mingo } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1942.

N. L. Chauncey

Notary Public, residing at Matewan, W.Va.

My commission expires June 11th, 1951.
(Seal)

Signed N. V. Weaver
(Signature of Any Credible Person Other Than Previous Year)

Edgarton W Va
(Street Address, City, State)

MAR 19 1942

168-117-042-497

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70397

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD William Woodrow Johnson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 17 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj. Franklin Johnson	Nora Stella Dixon
RESIDENCE	Buhl, Ida.	Buhl, Ida.
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	North Carolina	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Filed 7-1 1917 J. A. Murphy Registrar

NOV 3 1943

456-117-042-755

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 70398

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ..... DeFore .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	June 17 1919

FATHER		MOTHER	
FULL NAME	James Harrison DeFore	FULL MAIDEN NAME	Stella Viola Pennington
RESIDENCE	Buhl Idaho.	RESIDENCE	Buhl Idaho
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Butler Co. Kansas.	BIRTHPLACE	Benton Co. Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings, M.D.

(Physician or midwife)

Address Buhl Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-207-042-242

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 70399

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Ivrdy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	June 7 19

FATHER		MOTHER	
FULL NAME	Frank Ivrdy	FULL MAIDEN NAME	Mary Kusic
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl. Ida
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 7-1 1917 J. K. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-117-042-994

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 70400

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD EDWIN ELLSWORTH WADE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	6 17 1919

FATHER		MOTHER	
FULL NAME	Geo Wade	FULL MAIDEN NAME	Nellie Zimmerman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	N. J.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 6-22 1919 J. T. Murphy
Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 70400

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on 6/17/1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Northern Life Ins. Co. Policy # 429-224 and a School Census Record from Buhl Public Schools, viewed by Vital Statistics on July 13, 1955 (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Edwin Ellsworth Wade

Subscribed and sworn to before me this 29th day of June, 1955

June Mabel Sandgren
Notary Public, residing at Buhl, Idaho
My commission expires 10-19-58
(Seal)

Signed Mrs. Nellie Wade
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. R. 4, Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of June, 1955

June Mabel Sandgren
Notary Public, residing at Buhl, Idaho
My commission expires 10-19-58
(Seal)

Signed J. H. Barker
(Signature of Any Credible Person)

Buhl, Idaho
(Street Address, City, State)

DPH 52.155

MAY 9 1973

JUL 14 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. 452-119-042-445 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 70401

Primary Registration District No. 2087

Registered No.

FULL NAME OF CHILD Ernest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6 19 1919

FATHER		MOTHER	
FULL NAME	A. J. Deschamps	FULL MAIDEN NAME	Anna Dumaine
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Can	BIRTHPLACE	Can
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Murphy

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

19

Filed 6-22 1919 J. S. Murphy

Registrar

Registrar

295-121-042-399

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 70402

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Robert Joseph Kinyon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	6-21-19

FATHER		MOTHER	
FULL NAME	Ed. Kinyon.	FULL MAIDEN NAME	Grace Brennan.
RESIDENCE	Buhl.	RESIDENCE	Buhl.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40.
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bonvalira (Born alive or stillborn) at 5. a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D. (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-22-19 J. N. Murphy Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

K

DECEASED

35-4-225-042-736

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 70403

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	6 25 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Cyros.	Bessie Clog
RESIDENCE	Buhl.	Buhl.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	32.
BIRTHPLACE	Iowa.	Ill.
OCCUPATION	Merchant	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M. D. (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-30 1919 J. T. Murphy Registrar

638-129-042-439

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Buhl General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 — File No. 70404

Primary Registration District No. 2097 — Registered No. .....

FULL NAME OF CHILD Jack Dempsey Flynn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	6 29 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philip Flynn	Laura Flynch
RESIDENCE	Buhl	Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Texas	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Murphy

M. D.

(Physician or midwife)

Address Buhl Ida

Filed 6-30 1919 J. F. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1953

253-106-042-249

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70405

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD James E. Ketchum

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	yes	6 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Merlin Ketchum	Bessie Burr
RESIDENCE	Buhl. Ida.	Buhl. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	~~26~~ 30	26
BIRTHPLACE	Ills.	Nebr.
OCCUPATION	Farming.	Farming.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Marsh

Physician

(Physician or midwife)

Address Buhl. Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 7 1919

J. A. Murphy Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-228-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10408

County of Bannock

City of Pocatello

No. 243 N. 5th Ave. St.

Hospital Home

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2392

FULL NAME OF CHILD Mary Ellen Edmunds

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tracy Alford Edmunds	FULL MAIDEN NAME	Letetia Creer
RESIDENCE	243 N. 5th Ave.	RESIDENCE	243 N. 5th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Spanish Fork, Utah
OCCUPATION	Common Labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address 905 So. Main St.

19

Registrar

Filed July 12 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

262 - 217-003 600

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 527 So. Arthur St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

Registration District No. 84

File No. 10409

Primary Registration District No. 2161

Registered No. 2393

FULL NAME OF CHILD June Teresa Bosley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	June 17 1917

FATHER	MOTHER
FULL NAME Theadore Raymond Bosley	FULL MAIDEN NAME Kathryn J.
RESIDENCE 527 So. Arthur	RESIDENCE 527 So. Arthur
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Corinne, Utah	BIRTHPLACE Bothwell, Utah
OCCUPATION Common Labor	OCCUPATION Housekeeping

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 4 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Address 705 So. Main St.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 12 1917

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-227-603-155

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70410

County of Bannock

City of Lava Hot Springs Registration District No. 20 File No. 60

No. ..... St. Primary Registration District No. 20 Registered No. 2417

Hospital Home

FULL NAME OF CHILD Vera S. Reed

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jo H. Reed	Nelly C. Jensen
RESIDENCE	Lava Hot Springs Ida.	Lava Hot Springs Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	31
BIRTHPLACE	Salt Lake City	Oregon City Ore.
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Kittie Evans

Obstetrician (Physician or midwife)

Address Lava Hot Springs Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-31 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-225-003-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70411

County of Bannock

City of Pocatello

No. ..... St.

Hospital Home

Registration District No. 84

File No. 50

Primary Registration District No. 2161

Registered No. 2419

FULL NAME OF CHILD ~~not named~~ STELLA HARRIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gust Harris	FULL MAIDEN NAME	Anna Andrus
RESIDENCE	520 E. Lander	RESIDENCE	520 E. Lander
COLOR	Greek	COLOR	Greek
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	works O. S. L. Shops	OCCUPATION	~~Who~~ Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 25 1919, at 6:30 A.M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address North Main

Filed July 26 1919 O. B. Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. }
County of Bannock. } ss.

Certificate No. 70411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Stella Harris. (Birth or Death)
for Unnamed. (Name on Original Certificate) who Born. (Was Born or Died) on Aug. 3. 1919 (Date of Event)
in Pocatello, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Attending Physician. (Bible Record, Insurance Policy, Etc.) prepared on July. 15. 1942. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Stella Harris

Subscribed and sworn to before me this 15
day of 15 th July., 1942

Allen Grimes

Notary Public, residing at Pocatello, Idaho.
My commission expires June. 18 .1946
(Seal)

Signed J. W. Lyman M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

348 W. Clark. St/Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. }
County of Bannock. } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of July., 19 42

Allen Grimes

Notary Public, residing at Pocatello, Idaho.
My commission expires June. 18. 1946.
(Seal)

Signed X MRS ANNA HARRIS
(Signature of Any Credible Person Other Than Previous Year)

325 No. 7th Ave. Pocatello, Ida.
(Street Address, City, State)

JUL 16 1942

FEB 8 1988

JUL 1942

619-126-002-85-5

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70412

County of Bannock

City of Pocatello

Registration District No. 24

File No. 5

No. ..... St.

Primary Registration District No. 2161

Registered No. 2420

Hospital Lynn Bros Hosp

FULL NAME OF CHILD ~~xxxxxx~~ ~~xxxxxxxxxxx~~ Junior Glen Farrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Arthur Farrell	FULL MAIDEN NAME	Gwendylin Grace Hennman
RESIDENCE	No 6 Argyle Apts	RESIDENCE	No 6 Argyle Apts
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Eden Utah	BIRTHPLACE	Mackey Idaho
OCCUPATION	Grain Elev. Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 26 (Born alive ~~or stillborn~~), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address North Main

..... Registrar

File July 26 1919

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Clark } ss.

Certificate No. 70412

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Unnamed) Farrell (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Eagles Lodge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Junior Glen Farrell

Subscribed and sworn to before me this 14th day of September, 1942

Mary Gibson

Notary Public, residing at Las Vegas, Nev.

My commission expires Oct. 13, 1942
(Seal)

Signed Gwendyn Farrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

417 No. 7th St., Las Vegas, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Clark } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1942

Mary Gibson

Notary Public, residing at Las Vegas, Nevada

My commission expires Oct. 13, 1942
(Seal)

Signed Mrs Elizabeth Woody
(Signature of Any Credible Person Other Than Previous Year)

417 No. 7th St. Las Vegas, Nevada
(Street Address, City, State)

SEP 18 1942

FEB 29 1952

281-128-003-358

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70413

County of Bannock

City of Pocatello

No. ..... St.

Hospital Res

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2421

FULL NAME OF CHILD ~~not named~~ Harold Robert Shappart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	July 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo ~~Shappard~~ Shappart	FULL MAIDEN NAME	Minnie Lehrbas
RESIDENCE	252 No Main	RESIDENCE	252 No Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~J. W. Lynn~~ (Born alive ~~or stillborn~~), at 4.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address North Main

Filed July 29 1919 O B Steel Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Money in drawer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG -2 1940

STATE OF Idaho)
) SS.
COUNTY OF Bannock)

AFFIDAVITS FOR CORRECTION OF A RECORD
70413

Mrs. Minnie Shappart of McCammon, Idaho

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of unnamed male Sheppard
if friend or otherwise, so state)

who was born in the city of Pocatello, County of Bannock
(was born, died)

on the 23th day of July, 1919, as stated in a certificate of birth
birth or

filed by I. W. Lynn, M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Pocatelly, County of Bannock

Idaho, on the 29th day of July 1919.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Name of Child: Unnamed male Shappard

Father's Name: George Shappard

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Name of Child: Harold Robert Shappart

Father's Name:: George T. Shappart

(SEAL)

Affiant Mrs Minnie Shappart

Address McCammon Idaho,

Subscribed and sworn to before me this 30th day of July 1940

Hermoine Horton
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Bannock)

SUPPORTING AFFIDAVIT

Mrs A G Smith of Pocatello, Idaho

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Mrs. A G Smith

Address Pocatello, Idaho

Subscribed and sworn to before me this 30th day of July 1940

Hermoine Horton
Notary Public

(Seal)

915-128-003-714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70414

County of Bannock

City of Pocatello

Registration District No. 84

File No. 58

No. ..... St.

Primary Registration District No. 2161

Registered No. 2422

Hospital Res

FULL NAME OF CHILD Harold Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Owen Davis	FULL MAIDEN NAME	Hattie Gaunt
RESIDENCE	1506 No Main	RESIDENCE	1506 No Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	Mo.
OCCUPATION	O. S. L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Phy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address North Main

Registrar

Filed July 28 1919

O. B. Stoy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70414

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 70414

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Harold Davis who was born on 7/28/19
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
(Place of Event) Metropolitan Pol No 32601089
true facts are shown by Insurance Policy prepared on 6-1-1925 Date of birth 7-28-19, as:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Davis	Harold Davis

Subscribed and sworn to before me this 18th day of Oct., 19 40

M Lee
Notary Public, residing at Pocatello, Idaho
My commission expires May 10, 1949
(Seal)

Signed x Hattie Sarah Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
236 W Gould St Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of Oct., 19 40

M Lee
Notary Public, residing at Pocatello, Idaho
My commission expires May 10, 1949
(Seal)

Signed Annette McMullin
(Signature of Any Credible Person)
120 Randolph
(Street Address, City, State)
Pocatello, Idaho

DEC 4 1963

SEP 16 1963

451-212-003-114

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70415

County of Bannock

City of Pocatello

No. (113) ~~133~~ S. Garfield St.

Hospital Pocatello Gen. Hosp.

Registration District No. 84

Primary Registration District No. 2141

File No. 50

Registered No. 2422

FULL NAME OF CHILD ..... Barbara Theresa Mead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	---	---	Yes	July 12 1919

FATHER	MOTHER
FULL NAME: Chas. R. Mead	FULL MAIDEN NAME: Liberty A. Jameson
RESIDENCE: (113) 133 S. Garfield	RESIDENCE: (113) 133 S. Garfield
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Richwood Falls, Minn.	BIRTHPLACE: NewOrleans, La.
OCCUPATION: Estmate elk Mt. ST. T. & T. Co.	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Filed 7-21 1919

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1962
MAY 1 2 1972

314-105-003-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 8-4

File No. 70416

No. 318 S. 2nd

Primary Registration District No. 2161

Registered No. 2423

Hospital

FULL NAME OF CHILD William Merle Cameron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	July 5 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Glenn O. Cameron	FULL MAIDEN NAME: Della Francis
RESIDENCE: 318 S. 2nd AVE.	RESIDENCE: 318 S. 2nd. Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Rothville Mo.	BIRTHPLACE: Lava Hot Springs Ida.
OCCUPATION: Automechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

19

Filed 7-10-19 17

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1958

DEC 11 1944

699-113-003-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 628 S. Arthur St.

Hospital ---

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 74 File No. 70417

Primary Registration District No. 216.1 Registered No. 2424

FULL NAME OF CHILD Albert Edward Fridenstine

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	-- (To be answered only in event of plural births)	---	Yes	July 13 1917

FATHER	MOTHER
FULL NAME: Albert Edw. Fridenstine	FULL MAIDEN NAME: Ruth L. Young
RESIDENCE: 628 S. Arthur	RESIDENCE: 628 S. Arthur
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Antwerp, Ohio.	BIRTHPLACE: Pocatello, Idaho.
OCCUPATION: Piano Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho

Filed 7-20-1917 [illegible] Registrar

JUL 17 1952

DEC 14 1943

255-125-003-653

PLACE OF BIRTH

AMENDED - DECEMBER 8, 1948 -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 84 File No. 70418

Hospital ..... Primary Registration District No. 216 Registered No. 2425

FULL NAME OF CHILD Amerigo, Benedetti
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 25 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Louigi Benedetti	FULL MAIDEN NAME	Tarsilia Fellipi
RESIDENCE	627 North 4th Avenue	RESIDENCE	627 North 4th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard

M.D.
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7/30 1919 B. Steely Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 70418

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Amerigo Beneditte (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1919, (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by personal knowledge as father and mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	Beneditte	Benedetti

Subscribed and sworn to before me this 6th day of December 1948

J. A. McQuillan

Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1952.
(Seal)

Signed Tarsilia Benedetti
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other competent person.)

653 No. 11th Ave., Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December 1948

J. A. McQuillan

Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1952
(Seal)

Signed Luigi Benedetti
(Signature of Any Credible Person)

653 No. 11th Ave., Pocatello, Idaho
(Street Address, City, State)

1 copy

DEC 9 1948

OCT 11 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 627 N. 4th. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15—25m-0-8-17

70716

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 50

Primary Registration District No. 216 Registered No. 2420

FULL NAME OF CHILD Benoditto, Amerigo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 25 1919

FATHER	MOTHER
FULL NAME: Louis Benoditto	FULL MAIDEN NAME: Tersilla Fellipi
RESIDENCE: 627 N. 4th. Ave.	RESIDENCE: 627 N. 4th. Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. J. [illegible]

..... (Physician or midwife)

Address Pocatello, Idaho.

Filed 7-30 1919 [illegible] Registrar

NOV 2 1945

485-220-003-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 722 No Hayes St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 70419

Registered No. 2394

FULL NAME OF CHILD Edith Myers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	June 20 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John L. Myers	FULL MAIDEN NAME	Mamie Ocander
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Hopkinsville, Ky	BIRTHPLACE	Homer, Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello, Idaho

Filed July 12 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-224-003-714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 202 So. 2nd St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 70420

Registered No. 2395

FULL NAME OF CHILD Ruby Wanda Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 24 1919

FATHER		MOTHER	
FULL NAME	Warren S. Williams	FULL MAIDEN NAME	Edith Gamett
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Salt Lake City, Ut	BIRTHPLACE	Moore, Idaho
OCCUPATION	Clothes Cleaner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.46 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

19

Registrar

Filed July 17 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

993-225-003-5-47

Form V. S. No. 11-C—25m-8-9-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70421

County of Bannock

City of Pocatello

Registration District No. 84

File No. 38

No. ..... St.

Primary Registration District No. 2161

Registered No. 2396

Hospital .....

FULL NAME OF CHILD James Riley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 25 1919

FATHER		MOTHER	
FULL NAME	John H Riley	FULL MAIDEN NAME	Annie Eckley
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	England
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 h. 45 m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rae M.D.

(Physician or midwife)

Address Pocatello Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 14 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

924-129-003-000

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 139 So. 3rd St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70422

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2397

FULL NAME OF CHILD Shigaru Tankamoto

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 29 1917

FATHER	MOTHER
FULL NAME Kumiichi Tankamoto	FULL MAIDEN NAME
RESIDENCE 139 So. 3rd Ave.	RESIDENCE 139 So. 3rd Ave.
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY ... (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Carpenter	OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. Carrie W. Bird

Midwife (Physician or midwife)

Address 765 So. Main St.

Filed July 11 19 19 O B Stevens Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H Z no mother

265-102-003-793

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70423

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2398

FULL NAME OF CHILD Robert Alfred Sweet Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	July 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Alfred Sweet Sr.	FULL MAIDEN NAME	Ruth Gilbert
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	California	BIRTHPLACE	Warrensburg, Mo.
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... ~~(Born alive or stillborn)~~, at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Kay

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed July 5, 1919 O. B. Steel

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-202-003-435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony's

Registration District No. 84

File No. 70424

Primary Registration District No. 2161

Registered No. 2399

FULL NAME OF CHILD Marie Elnora Mc Nally

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 2nd 1919

FATHER		MOTHER	
FULL NAME	Francis Mc Nally	FULL MAIDEN NAME	Leona Margaret Mc Veigh
RESIDENCE	321 N. 11th Ave. Pocatello	RESIDENCE	321 N 11th ave. Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Drenan, Ireland	BIRTHPLACE	Greeley Center, Nebraska
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steers

(Physician or ~~midwife~~)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 7, 1919

O B Steers

Registrar

MAY 1 5 1970

534-206-003-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

70426

County of Bannock

City of Pocatello

Registration District No. 84

File No.

No. 4 St.

Primary Registration District No. 2161

Registered No. 2401

Hospital General Hospital

FULL NAME OF CHILD Dell Eldredge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	July 6 19

FATHER		MOTHER	
FULL NAME	Clarence D. Eldredge	FULL MAIDEN NAME	Ivy Call
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Homemaker

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 9 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. J. Smith
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

.....19.....
Registrar

Filed July 16 1919 O P Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1951

947-110-003-517

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 309 No Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70427

Registration District No. 84 File No. 58

Primary Registration District No. 2161 Registered No. 24 [illegible]

FULL NAME OF CHILD David Rupple

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	July 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Rupple	FULL MAIDEN NAME	Mary Nape
RESIDENCE	309 No Main	RESIDENCE	~~Russia~~ 309 No Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Boiler Maker Helper	OCCUPATION	house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.00 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Registrar

Filed July 15, 1919 O B Seary
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-112-003-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70428

County of Bannock

City of Pocatello

Registration District No. 84 File No. 30

No. ..... St.

Primary Registration District No. 2161 Registered No. 2403

Hospital Lynn Brothers

FULL NAME OF CHILD ~~Not Named~~ Theodore Harame

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	1	yes	July 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Christopher Harame	FULL MAIDEN NAME	Madeleine Louis
RESIDENCE	339 S. Third Ave	RESIDENCE	339 S. Third Ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	~~Chimandra~~ Lemnos, Greece	BIRTHPLACE	Poitiers, France
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed July 15, 1919 O B Steely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

cc. 3/19/41 RMF

314-112-003-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70429

County of Bannock

City of Pocatello

No. 854 No Hayes St.

Hospital

Registration District No. 84

File No. 50

Primary Registration District No. 2161

Registered No. 2404

FULL NAME OF CHILD Lehman Henry Lambert, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	July 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lehman ~~Leaton~~ H. Lambert	FULL MAIDEN NAME	Lillian Bennett
RESIDENCE	854 No Hayes	RESIDENCE	854 No Hayes
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	~~Iowa~~ Oklahoma	BIRTHPLACE	~~Denver~~ Ut
OCCUPATION	Fireman	OCCUPATION	Clerk

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed July 15 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/18/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-214-003-415

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 70430

No. ..... St.

Primary Registration District No. 2161

Registered No. 2405

Hospital General

FULL NAME OF CHILD Billie Louise Platzoeder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	July 14 1919

FATHER		MOTHER	
FULL NAME	William D. Platzoeder	FULL MAIDEN NAME	Florence Mann
RESIDENCE	825 E Lander	RESIDENCE	825 E Lander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Washington	BIRTHPLACE	Indiana
OCCUPATION	Meat Market Prop	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Attest: Pocatello

Registrar

Filed July 16, 1919

P. B. Steele
Registrar

685-119-003-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70431

County of Bannock

City of Pocatello Idaho — Registration District No. 84 — File No. 50

No. Johnson St. — Primary Registration District No. 2161 — Registered No. 2406

Hospital Pocatello General

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	July 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harrison Perry Wheeler	Marie Harkness Wheeler
RESIDENCE	Arco, Idaho	Arco Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Salt Lake City Utah	Mocc Ammon Idaho
OCCUPATION	Real Estate	Teacher

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed July 21 1919 O B Steely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-221-003-291

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1301 Thurman St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 84

File No. 70432 58

Primary Registration District No. 216 1

Registered No. 2407

FULL NAME OF CHILD Geneva Wheatley

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	-		-	Yes	7 - 21 1917

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Robert Wheatley	FULL MAIDEN NAME Elsie Cecelia Brandt
RESIDENCE Pauline Idaho	RESIDENCE Pauline Idaho
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello Ida.

Filed 7-23 1917

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95-2-121-003-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Saint Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70433

Registration District No. 84 File No. 58

Primary Registration District No. 2141 Registered No. 2408

FULL NAME OF CHILD Theodore Kenneth Inskeep

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	July (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Griffith James Inskeep.	FULL MAIDEN NAME	Inez Margaret Wilcox.
RESIDENCE	604 N. Arthur Ave. Pocatello, Ida.	RESIDENCE	604 N. Arthur Ave. Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	St. Louis, Missouri.	BIRTHPLACE	Monmouth, Illinois.
OCCUPATION	Switchman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P B Steely

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed July 26 1919 P B Steely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-121-003-296

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70434

Registration District No. 84 File No. 30

Primary Registration District No. 2161 Registered No. 2409

FULL NAME OF CHILD Eugene Russell McKay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 21 1919

FATHER		MOTHER	
FULL NAME	Walter R. McKay	FULL MAIDEN NAME	A. C. Brockway
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D. (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 26 1919 J. B. Green Registrar

MAR 4

719-101-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

70435

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 50

No. ..... St.

Primary Registration District No. 2161

Registered No. 2418

Hospital St. Anthony

FULL NAME OF CHILD George Alfred Garbett, Jr.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			June 1 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Geo Alfred Garbett	FULL MAIDEN NAME Leora Adeilia Barrett.
RESIDENCE 255 So Hoyes	RESIDENCE 255 So Hoyes
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Salt Lake City, Ut.	BIRTHPLACE Marysville, Idaho
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 7-31 1914

O. B. Steel
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/20/41 L. B.

OCT 5 1941

632-103-003-632

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Mc Cammon

No. R. F. D. Mo T St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70436

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2411

FULL NAME OF CHILD Carl Albert Niels Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	6 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Niels Olson,	FULL MAIDEN NAME	Ingred Matilda Olson,
RESIDENCE	Mc Cammon, Idaho	RESIDENCE	Mc Cammon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Helsingborg, Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mc Cammon, Idaho

Filed 7-31 1919 O. B. Steele Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1960

275-107-003-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70437

County of Bannock

City of Pocatello

Registration District No. 84

File No. 58

No. ..... St.

Primary Registration District No. 2161

Registered No. 2412

Hospital St Anthony

FULL NAME OF CHILD Glen Darrold Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glen Spencer	FULL MAIDEN NAME	Jessie Stuart Walker
RESIDENCE	1114 So 5th.	RESIDENCE	1114 So 5th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Centerville. Ut	BIRTHPLACE	Philadelphia Penn.
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 7-21 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-163-007-781

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70438

Registration District No. 84 File No. 40

Primary Registration District No. 2161 Registered No. 2414

FULL NAME OF CHILD Arthur Lloyd Totten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				[illegible] 9

FATHER	MOTHER
FULL NAME: Lloyd H. Totten	FULL MAIDEN NAME: Wilma Harris
RESIDENCE: 927 W. Lander	RESIDENCE: 927 W. Lander
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Clanay Neb.	BIRTHPLACE: Shoshone Ida
OCCUPATION: American express clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed 7-31-19[illegible]

[signature]
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-130-003-255

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70440

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 84

File No. 50

Primary Registration District No. 2161

Registered No. 2415

FULL NAME OF CHILD Jack Hatch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	4 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ann Hatch	FULL MAIDEN NAME	Sola E. Sundray
RESIDENCE	Robin, Idaho.	RESIDENCE	Robin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Vernal Utah	BIRTHPLACE	Paris, Idaho.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hartwigsen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mac Emmons Idaho

Filed 7-31 1919 O. Bleeg
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1945

412-103-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70441

County of Bannock

City of Lava Hot Sp'g

Registration District No. ~~30~~ 84

File No. 50

No. ..... St.

Primary Registration District No. ~~30~~ 2161

Registered No. 2416

Hospital Home

FULL NAME OF CHILD Glen Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Mason	FULL MAIDEN NAME	Etta Avery
RESIDENCE	Lava Hot Sp'g	RESIDENCE	Lava Hot Sp'g
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Council Bluffs Iowa	BIRTHPLACE	Lava Hot Sp'g Ida
OCCUPATION	Hardware Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lava Hot Springs Idaho

Filed 7-31 1919

O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

985-101 AMENDED AUGUST 13, 1951
042-963

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 7044

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD CLARENCE RAYMOND RYNEARSON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) 7/1 (Day) 19 (Year)
Male				Yes	19

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Clarence Rynearson	FULL MAIDEN NAME: Mary Alice Rockwell
RESIDENCE: Filer, Idaho	RESIDENCE: Filer, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 15 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Dr. A. A. Newberry

Filer, Idaho Physician
(Physician or midwife)

Address Filer, Idaho

Filed 7/1 19 19 Dr. A. A. Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 70442

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Clarence Raymond Rynearson (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1919 (Date of Event) in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Last Name	Reynearson	Rynearson

Subscribed and sworn to before me this 13th day of [illegible], 19[illegible]

Notary Public, residing at [illegible]
My commission expires
(Seal)

Signed Clarence Raymond Rynearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Huntington Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 38

File No. 70442

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Clarence Raynwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	7 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Reynearson	Mary Alice Rockwell
RESIDENCE	Filer	Filer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Utah	Ida.
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:30a M. on the date above stated.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer Ida

Filed 7/1 1919 Dr A. A. Newberry

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

AUG 1 7

252-126-042-755

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70443

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Wm. Worth Best

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	Twin and	1st	Yes	7 (Month) 26 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. Best	FULL MAIDEN NAME	Ella Pendleton
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Huffe

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:55 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Filer Ida

Filed 7/26 1919 Dr. A. A. Newberry

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1942

MAR 23 1951

1941-214-042-994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 38

Primary Registration District No. 2086

File No. 70444

Registered No. .....

FULL NAME OF CHILD Baby Armes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	July 14 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME R S Armes	FULL MAIDEN NAME Carrie M Ridings
RESIDENCE Filer.	RESIDENCE Filer
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ore.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Gibson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7-14 19 A A Newberry

Registrar

495-228-025 = 268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70445

County of Nez Perce

City of Gifford

No. ..... St.

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 11

Hospital .....

FULL NAME OF CHILD MILDRED FRANCES DIECKHOFF

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		1	Yes	7 28 1919

FATHER		MOTHER	
FULL NAME	Wm Dieckhoff	FULL MAIDEN NAME	Inez Boyd
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44	COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-28 1919

E. E. Watts
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lewis } ss.

Certificate No. 70445

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mildred Frances Dieckhoff (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1919 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 28, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred Frances Dieckhoff

Subscribed and sworn to before me this 29th day of June, 1942

F. K. Kammarell
Notary Public, residing at Clairmont

My commission expires 8-13-45
(Seal)

Signed Mrs Greg Dieckhoff.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Reubens Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 3 1942

SOL 6 1962

863-108 Amended 5/3/72
PLACE OF BIRTH
039-635

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70446

County of Nez perce

City of Gifford

Registration District No. 92

File No. 7

No. ..... St.

Primary Registration District No. 2170

Registered No. 10

Hospital .....

FULL NAME OF CHILD Julian Arnold Yochum

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	x		x	yes	7 8 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Joseph A Yochum	FULL MAIDEN NAME Ottilla Flerchinger
RESIDENCE Gifford	RESIDENCE Giffford
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Austria	BIRTHPLACE Wn
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1/15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7/8/ 1919 E.E.Watts.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5 3 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70446

Date Filed .....

RECEIVED VITAL ... MAY 3 10 58 AM '72

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Yochum (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1919 (Date of Event) in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Julian Arnold Yochum
Fathers name	Joe A. Yoachum	Joseph A. Yochum

Subscribed and sworn to before me this 3rd day of May, 1972

L Florence Curtright

Notary Public, residing at Boise

My commission expires 5-20-74

(Seal)

Signed Mrs Billie Yochum

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4720 Collister Rd Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

MAY 3 1972

Certificate of Baptism St. Stanislaus Church Lewiston, Idaho, baptized October 12, 1919 gives name as Julian Arnold Yochum and fathers name as Joseph Yochum.
Viewed by VS

Own childs birth certificate Julian Arnold Yochum,Jr, born May 11, 1945 Idaho State File # 406972 gives fathers name as Julian Arnold Yochum.
Viewed by VS

Sisters birth certificate Aurelia Augusta Yochum born Aug. 17, 1921 Idaho State File No. 93944 gives fathers name as Joseph A.Yochum.
Viewed by VS

214-216-016-165

PLACE OF BIRTH

County of Cassia

City of Standrod

No. ____ St.

Hospital At home

[redacted] OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

70448

Registration District No. 119 File No. ____

Primary Registration District No. 2198 Registered No. ____

FULL NAME OF CHILD MYRTLE ARLENE BADGER

Sex of Child Female | Twin Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 16 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME James C. Badger	FULL MAIDEN NAME Lillian C. Jones
RESIDENCE Standrod, Ida.	RESIDENCE Standrod, Idaho,
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Ogden, Utah	BIRTHPLACE Farmington Utah
OCCUPATION Farmer	OCCUPATION Home, wife,

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 A.M. on the date above stated.

(Signature) C. I. Salter M.D.

(Physician or midwife)

Address Malta, Idaho,

Filed Aug 1 1919 C. I. Salter

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

8-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Davis }

Certificate No. 70448
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Myrtle Arlene Badger (Birth or death)
for Myrtle Arlene Badger. (Name on original certificate) who was born (Was born or died) on July 16, 1919 (Date of event)
in Standrod. Cassia County, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy. (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Badger	Myrtle Arlene Badger

Subscribed and sworn to before me this 29th
day of October, 41
J. D. Johnson
Notary Public, residing at Bountiful. Utah.
My commission expires May 24. 1942.
[SEAL]

Signed: Lillian Coridela Badger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

915-212-016-243

PLACE OF BIRTH

County of Cassia

City of Jumpin

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 70449

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Blanche Ransom

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	July 12 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira H Ransom	Hazel Buchanan
RESIDENCE	Jumpin Idaho	Jumpin Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	22 (Years)
BIRTHPLACE	Cleveland, Idaho	Smith Shire Illinois
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

(Signature) C. L. Dalen M. D.

(Physician or midwife)

Address Malta Idaho

Filed Aug 1 1919 C. L. Dalen

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

5-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-112-016-291.

PLACE OF BIRTH

County of Cassia

City of Malta

No. ____ St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

70450

Registration District No. 119 File No. ____

Primary Registration District No. 2198 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph O Smith	Luella Bradley
RESIDENCE	Malta Idaho	Malta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Paradise, Utah	Paradise, Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A.M. on the date above stated.

(Signature) C. L. Slater M. D.

(Physician or midwife)

Address Malta, Idaho

Filed Aug 1 1919 C. L. Slater M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

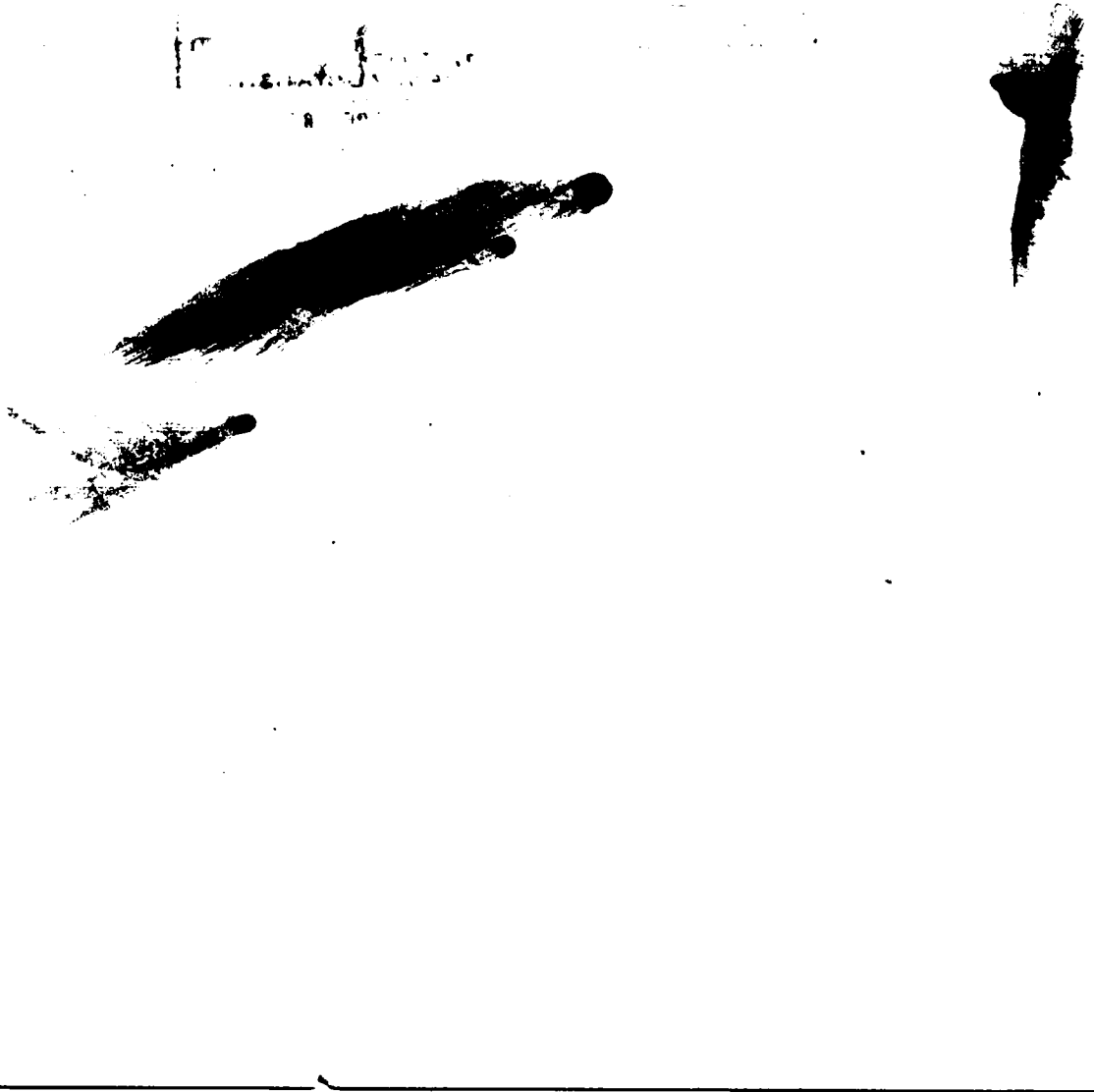
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



819-225-018-98[redacted]

S. No. 11-C—15m-6-29-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ..... St.

Hospital Home

Bureau of [redacted] Statistics

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 70451

Primary Registration District No. 2168 Registered No. .....

FULL NAME OF CHILD Ukiko Hara

Sex of Child Female

Twin, Triplet, or other? One and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth July 25 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Seizaburo Hara	FULL MAIDEN NAME Gen Ohara
RESIDENCE Elk River Idaho	RESIDENCE Elk River Idaho
COLOR Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Laundry Prop.	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Robt. R. Walton

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/31 19 19 Mrs. Robert Walton

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 70452

County of Clearwater

City of Elk River

993-121-018-364

No. ____, ____ St.

Registration District No. ____

Primary Registration District No. ____ Registered No. ____

Hospital Home

FULL NAME OF CHILD John Edward Richie Jr.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single	One	Yes	July 21, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Edward Richie Sr.	FULL MAIDEN NAME	Mildred Conne
RESIDENCE	Elk River Ida	RESIDENCE	Elk River, Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Antigo Wis.	BIRTHPLACE	Grand Forks N.D.
OCCUPATION	R.R. Conductor	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10/30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Robt K Walton M.D.

(Physician or Midwife)

Address Elk River, Idaho

Filed 7/25 1919 Robt K Walton Registrar

S-Y CO., 16670

DEC 26 1941

NOV 23 1962

593-228-001-614

Form V. [redacted]-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 70453

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Leda May Nichols

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Lee Nichols	FULL MAIDEN NAME	Nancy Artilla Faucett
RESIDENCE	Meridian, Ida.	RESIDENCE	Meridian, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian, Ida.

Filed July 6 1919 Alice A. Dutton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

141-209-001-410

PLACE OF BIRTH

Amended father's & mother's names
11-30-95 ms

County of ADA

City of BOISE

No. ..... St.

Hospital St. Luke's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 20454

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD FERN LOUISE ADAMS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 9, 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Noah Elmer ~~Elmer Noah Adams~~ Adams	FULL MAIDEN NAME Ida ~~Elda~~ Fay Matlock
RESIDENCE	Meridian Idaho	Meridian Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	33 (Years)
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) C. L. Dutton

Physician
(Physician or midwife)

Address Meridian, Idaho

Filed July 19, 1929 Alice A. Dutton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1955

11-30-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 70454
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for FERN LOUISE ADAMS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 9, 1919 (Date of Event)

in BOISE (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S NAME	ELMER NOAH ADAMS	NOAH ELMER ADAMS
MOTHER'S NAME	ELDA FAY MATLOCK	IDA FAY MATLOCK

Subscribed and sworn to before me this 30th day of November, 1995.

Notary Public, Mary Schneider

Residing at Boise Id

My commission expires 2-16-2000

(Seal)

x Ferne L. Roberts
Signature of Applicant

x 4505 Bethel, Boise, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ORIGINAL BIRTH CERTIFICATE #70454 FOR FERN LOUISE ADAMS SHOW MOTHER'S NAME AS IDA FAY MATLOCK VIEWED VS.

CERTIFICATE OF DEATH STATE OF IDAHO FILED JUL. 19, 1963 FILE #63-3001 SHOWS NOAH ELMER ADAMS DIED JULY 8, 1963 IN NAMPA (CANYON) ID VIEWED VS.

CERTIFICATE OF BIRTH FILED AUG. 12, 1944 FILE #392908 SHOWS ELDEN CLINTON ADAMS BORN SEPT. 3, 1921 IN BOISE (ADA) ID TO NOAH ELMER ADAMS AND IDA FAYE MATLOCK VIEWED VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 41-C—[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 903

File No. 70454

Registered No. .....

FULL NAME OF CHILD Fern Louise Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Noah Adams	FULL MAIDEN NAME	Ida Fay Matlock
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian Idaho

..... Registrar

Filed July 12 1919 Alice A. Dutton Registrar

[redacted] 0 1955

JUL 2 3 195[illegible]
DEC 1 7 1996

693-108-025-319

PLACE OF BIRTH

County of Idaho

City of White Bird

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C- 25m-8-15

70455

Registration District No. 104th

File No. .....

Primary Registration District No. 2182

Registered No. .....

FULL NAME OF CHILD Clifton Elwood Wilson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	July 8 1919

FATHER		MOTHER	
FULL NAME	Charles Wilson	FULL MAIDEN NAME	Edith Alivia Carlson
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	AGE AT LAST BIRTHDAY (Years)	60
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Sweden
OCCUPATION	Pool Room	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at One A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address W. B. Ida

Given names added from a supplemental report.

..... 19.....

Filed July 30 1919 W. A. Foskett

..... Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1943

MAR 30 1943

JUL 3 - 1953

JUL 14 1953

959-209-025-463

PLACE OF BIRTH

County of Idaho

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25[illegible]-15

70456

Registration District No. 107

Primary Registration District No. 2182

File No.

Registered No.

FULL NAME OF CHILD Ruth Reid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	June 9 1919

FATHER		MOTHER	
FULL NAME	Fred Reid	FULL MAIDEN NAME	Julia Mottram
RESIDENCE	Snake River	RESIDENCE	Snake River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Joseph-Oregon
OCCUPATION	Stock-man	OCCUPATION	Housewife.

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1110. P. M. on the date above stated.

(Signature) Fred Reid
Father
(Physician or midwife)

Address White Bird

Filed June 27 19 19

W. A. Foskett
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

1 7 1958

JUN 0 8 2005

263-105-025-693

PLACE OF BIRTH

County of Idaho

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

70458

Registration District No. 104

Primary Registration District No. 2182

File No. _____

Registered No. _____

FULL NAME OF CHILD Kenneth Conrad Boley

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male				May 5th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	George Washington Boley	FULL MAIDEN NAME Edyth Elizabeth Williams
RESIDENCE	White Bird - Idaho	RESIDENCE White Bird - Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Bedford - Missouri	BIRTHPLACE Meadville - Missouri
OCCUPATION	Rancher	OCCUPATION Rancher

Number of child of this mother, including present birth third

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:25 A M. on the date above stated.

(Signature) W. A. Hoskett

Physician (Physician or midwife)

Address White Bird

Filed June 19 19 W. A. Hoskett
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numbe of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70459

City of Spr. Camp
249-125-025-596
No. ..... St.

Registration District No. 104 File No. .....

Primary Registration District No. 2172 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Smith Ridgway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George J. Smith	FULL MAIDEN NAME	Gertrude M. Erwin
RESIDENCE	Spring Camp	RESIDENCE	Spring Camp
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Grangeville	BIRTHPLACE	Jasper City Mo.
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8.25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellia B Wilson
Nurse
(Physician or midwife)

Given names added from a supplemental report

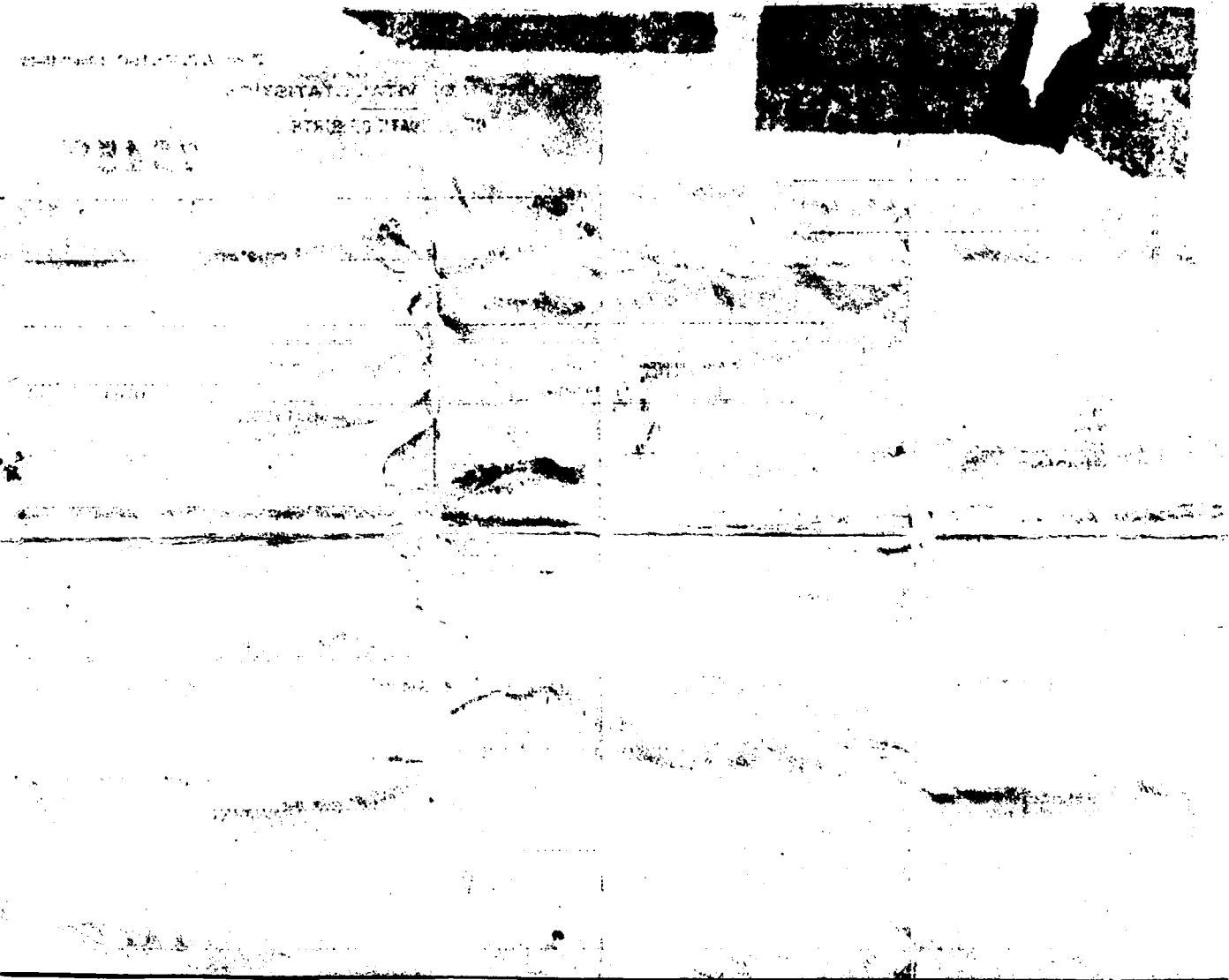
..... 19.....

Address Spring Camp Idaho

Filed 6/25 1919 W A Fackett
Registrar

Registrar

S-Y CO. 20174



995-214-225-796

PLACE OF BIRTH

County of Idaho

City of White Bird

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

70460

Registration District No. 104 File No. ____

Primary Registration District No. 2182 Registered No. ____

FULL NAME OF CHILD Doris Ring

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth June 14 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geog. Vincent Ring	FULL MAIDEN NAME	Lena Gross
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Dayton Wash	COLOR	White
OCCUPATION	Forest Ranger	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Colfax Wash.
		OCCUPATION	Domestic

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9: A. M. on the date above stated.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird

Filed June 20 19 19 W. A. Foskett Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1943

255-217-025-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70462

County of Idaho

City of White Bird

Registration District No. 104 **File No.**

No. ..... *St.*

Primary Registration District No. 2182 **Registered No.**

Hospital

FULL NAME OF CHILD Alice Belle Bentz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 17 (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	George Gerald Bentz	FULL MAIDEN NAME	Bessie Pearl Rice
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Grangeville	BIRTHPLACE	Moquoti Iowa
OCCUPATION	Rancher Stock	OCCUPATION	Domestic

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11-P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

White Bird (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Physician

Filed — 1919 W. A. Foskett

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 14 1969

DECEASED

556-201-025-193

PLACE OF BIRTH

County of Idaho

City of White Bird

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70464

Registration District No. 104 File No. _____

Primary Registration District No. 2102 Registered No. _____

FULL NAME OF CHILD Cleo Maxine Newman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		2nd	yes	May 1 1919

FATHER		MOTHER	
FULL NAME	Milo Melvin Newman	FULL MAIDEN NAME	Nellie Florence Wilson
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Dayton Wash.	BIRTHPLACE	Asotin Wash.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Haskett

Physician
(Physician or midwife)

Address White Bird - Ida

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

Filed July 1 1919 W. A. Haskett Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1943

153-112-025-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Idaho

City of Joseph

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 104 File No. 70465

Primary Registration District No. 2112 Registered No. .....

FULL NAME OF CHILD Fred Peters

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	June 12 1919

FATHER	MOTHER
FULL NAME Charles I Peters	FULL MAIDEN NAME Diamond Hockett
RESIDENCE Joseph, Idaho	RESIDENCE Joseph, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X Born Alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Martha A Peters

Nurse (Physician or midwife)

Address Joseph Ida

Filed July 1 19 19 W. A. Forkett Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

9-19-41

SEP 19 1941

356-122-017-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital: Dr Jones

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 125

Primary Registration District No. 2203

File No. 70468

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur J Leonardson	FULL MAIDEN NAME	Mary E Wilson
RESIDENCE	Small	RESIDENCE	Small
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Filed July 22 1919

C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-8-57

958-213017-493

PLACE OF BIRTH

County of Clark

City of Humphrey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 125

File No. 70469

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD Dorothy Dean Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 13 1917

FATHER		MOTHER	
FULL NAME	Nathan E Reynolds	FULL MAIDEN NAME	Jennie M Milner
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	N C	BIRTHPLACE	Colo
OCCUPATION	Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L E Jones MD

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 13 1917

L E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 70469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnaed (Name on Original Certificate) who was born (Was Born or Died) on July 13, 1919 (Date of Event)
in Humphrey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on July 28, 1946 -Viewed by Vital Stat. (Give Date) are:
Insurance Policy October 31, 1951

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Dorothy Dean Reynolds
Hospital Record-July 23, 1947		

Subscribed and sworn to before me this 5th day of October 19 56

B. W. Bandel
Notary Public, residing at Idaho Falls, Idaho
My commission expires 2-12-60
(Seal)

Signed Grant A. Madson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ro ute #3, Idaho Falls, Idaho Bonneville
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October 19 56

B. W. Bandel
Notary Public, residing at Idaho Falls, Idaho
My commission expires 2-12-60
(Seal)

Signed Elizabeth Madson
(Signature of Any Credible Person)

Route #3 Idaho Falls, Idaho Bonneville
(Street Address, City, State)

FORM DPH 55 155

JAN 10 1957

549-112-017-635

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 2-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

70470

County of Clark

City of Dubois

Registration District No. 125

File No.

No. St.

Primary Registration District No. 2203

Registered No.

Hospital

FULL NAME OF CHILD PAUL EDIGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 12 19[illegible]

FATHER	MOTHER
FULL NAME David Edyer	FULL MAIDEN NAME Sarah Fleming
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed July 12 19 9 C E Jones MD

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Marion }

Certificate No. 70470

Date Filed

The undersigned does solemnly ~~affirm~~ that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was Born (Was Born or Died) on July 12, 1919 (Date of Event)
in Small, Clark Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on entries were made as children were born (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Paul Ediger

Subscribed and ~~sworn~~ to before me this 22
day of March, 1943

B. J. Klassen
Notary Public, residing at Goessel Kans.
My commission expires Feb. 1 - 1944
(Seal)

Signed David Ediger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. R. 2 Hillsboro Kansas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Marion }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly ~~affirm~~ that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and ~~sworn~~ to before me this 22
day of March, 1943

B. J. Klassen
Notary Public, residing at Goessel Kans.
My commission expires Feb. 1 - 1944
(Seal)

Signed Peter J. Ediger
(Signature of Any Credible Person Other Than Previous Year)

Journal, Kans.
(Street Address, City, State)

MAR 29 1943

386-103-017 55-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Small

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70471

Registration District No. 125

File No. .....

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD ..... GERALD WAYLETT THOMAS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 2 1917

FATHER		MOTHER	
FULL NAME	Daniel W Thomas	FULL MAIDEN NAME	Mary E Evans
RESIDENCE	Small	RESIDENCE	Small
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ~~or stillborn~~ on the date above stated. at 7:20 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed July 3 1917

C E Jones M D

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 70471
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of GERALD WAYLETT THOMAS (Birth ~~or death~~)

for NONE (Name on original certificate) who (Was born ~~or died~~) on JULY 3, 1919 (Date of event)

in DUBOIS, IDAHO (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Thomas	Gerald Waylett Thomas

Subscribed and sworn to before me this 3RD day of OCTOBER, 1941

John Falko

Notary Public, residing at Altadena, Calif.

My commission expires January 3/1945

[SEAL]

Signed: Mrs Daniel W. Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2245 CASITAS AVE, ALTADENA, CALIF.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3RD day of OCTOBER, 1941

John Falko

Notary Public, residing at Altadena, Calif.

My commission expires January 3/1945

[SEAL]

Signed: Absalom S Evans
(Signature of any credible person other than the previous affiant.)

289 ATLANTA STREET, ALTADENA, CALIF.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

864-102-017-258

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70472

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Arthur William Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 2 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. Young	FULL MAIDEN NAME	Margaret De Keyser
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Canada
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Filed July 2 1917 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 10 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70472

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Young (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 2, 1919 (Date of Event)
in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arthur W. Young
		Arthur William Young

Subscribed and sworn to before me this 10 day of October, 19 67

Notary Public, residing at Portland, Oregon

My commission expires June 15, 1969

(Seal)

Signed Marguerite E. Anderson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6131 SE King Rd - Portland Ore. 97222
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

CL 8-9-67. rm

FORM DH 60-155

Honorable Discharge from U.S. Army, dated Jan. 11, 1946 gives full name as Arthur W Young, born July 2, 1919 at Dubois, Idaho - inducted March 11, 1942 - viewed by V.S.

Own child's birth certificate on file Oregon State, gives name of child as ~~Emanuel Arthur William~~ David William Young, born June 7, 1950, at Portland 12, Oregon, gives name of father as Arthur William Young, Age 30, Dubois, Idaho and name of mother as Borgny Brunhild Romtvedt - viewed by V.S.

JAN 17 1968

Social Security Card, Account No. 541-07-5736, obviously old, gives name as Arthur William Young - viewed by V.S.

493-271-017-168

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-60m-4

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 70473

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Beatrice Alma Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	July	31	1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert E Miller	Alma Johnson
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	31
BIRTHPLACE	Utah	Minn
OCCUPATION	Bookkeeper	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated. 20

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. B. Jones M.D.

(Physician or midwife)

Address Dubois Idaho

Filed July 31 1918 C. B. Jones M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1942

MAR 27 1955

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 20473
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Dubois
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Beatrice Alma Miller

5. Date of Birth of Child (Month, day, year) July 31, 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Earl Miller
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Ogden (City or town), Utah (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Ford Agency, Dubois, Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Petra Johnson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Prime de Terre, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Milliner
21. Industry or Business Dress Shop

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Petra Miller Signature
415 S. Catalina, Los Angeles P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942.

(SEAL) A. S. Leedy Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-211-017-466

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. .....

File No. 70474

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital Home

FULL NAME OF CHILD Vivian Lowe Kingsford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 11 1917

FATHER		MOTHER	
FULL NAME	Edward F. Kingsford	FULL MAIDEN NAME	Ethel Dowdle
RESIDENCE	Dubois, Ida.	RESIDENCE	Dubois, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Young

Physician (Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 17 1917

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-124-040-367

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70475

County of Shoshone

City of Clarkia

Registration District No. 66 File No. 14

No. ____ St.

Primary Registration District No. 2146 Registered No. ____

Hospital ____

FULL NAME OF CHILD Donald Wilbur Merriam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	7 (Month) 24 (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilbur Merriam	Mamie Coy
RESIDENCE	Clarkia Idaho	Clarkia Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	26 (Years)
BIRTHPLACE	Iowa	New Mexico
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.45 P. M. on the date above stated.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed 7/24 1919 Mrs. F. C. Gibson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c .c. 5/6/41. w.h.

419-114-025-855

[redacted]TH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70476

County of Ida

City of White Bird

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Neil Henley Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 — 14 — 1919

FATHER		MOTHER	
FULL NAME	Mortimer Seth Martin	FULL MAIDEN NAME	Blanche Henley
RESIDENCE	White Bird — Ida	RESIDENCE	White Bird — Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Grangeville-Ida	BIRTHPLACE	Toronto-Kansas
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Haskett

Physician (Physician or midwife)

Address White Bird

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1919 W. A. Haskett Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/15/41 L. B.

JAN 16 1952

252-126
042-755

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 70477

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Robt. Burris Best

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Twin	2nd	Yes	7 26 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B. Best	Ella Pendleton
RESIDENCE	Filer	Filer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	30
BIRTHPLACE	Ill.	Mo
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5'38 9 M. on the date above stated.

(Signature) Dr A A Newberry

(Physician or midwife)

Address Filer Ida

Filed 7/26 19 9 Dr A A Newberry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-209-023-813

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70478

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. 1021

File No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child: Female

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? No

Date of Birth: July 4 (Month) (Day) 1914 (Year)

FATHER	MOTHER
FULL NAME: George Marry	FULL MAIDEN NAME: Clara Hale
RESIDENCE: Unknown to me	RESIDENCE: Emmett
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: Do not know (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Do not Know	BIRTHPLACE: Tennessee
OCCUPATION: Laborer	OCCUPATION: Girl

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7/12 1914 J. L. Reynolds Registrar

S-Y-CO. 38071

862-120-023-217

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70479

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 1010 C

File No. .....

Primary Registration District No. 1010

Registered No. .....

FULL NAME OF CHILD GEORGE Hosodo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Max Hosodo	FULL MAIDEN NAME	Itono Kagawa
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 5 (Born alive or stillborn), at 9 M. on the date above stated.

1 Photostat copy 12/31/41

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max Hosodo

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Father Emmett

Filed 7/30 1919 J. L. Reynolds Registrar

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-112-023-419

PLACE OF BIRTH

AMENDED CHILD'S & FATHER'S NAMES

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO

10-30-97 MS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Pearl

Registration District No. 4

File No. 70480

No. _____ St.

Primary Registration District No. 10 20

Registered No. _____

Hospital _____

FULL NAME OF CHILD GEORGE ANGUS MCDOWELL

~~Geo. Angus McDowell~~

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7/12 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	WALLACE ROSS MCDOWELL ~~Wallace Ross McDonald~~	Ruby Marcon
RESIDENCE	Pearl	Gem
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	22 (Years)
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Stock raising	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/11 1917 F. L. Reynolds Registrar

S-Y-CO. 38071

FEB 26 1944

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

10-30-97

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1919-70480
Date Filed 7/11/1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for GEO ANGUS MCDOWALL (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 12, 1919 (Date of Event)

in PEARL (GEM) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	GEO ANGUS MCDOWALL	GEORGE ANGUS MCDOWELL
FATHER'S NAME	WALLACE ROSS MCDOWALL	WALLACE ROSS MCDOWELL

Subscribed and sworn to before me this 30th day of October, 1997.

Notary Public Barbara Schneider
Residing at Meridian Id
My commission expires 2-16-2000
(Seal)

NOTARY PUBLIC

+ Geo. A. McDowell
Signature of Applicant

+ 9441 W Halstead Boise Idaho 83709
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 5-26-53 FILE #53-4958 SHOWS DEBRA JEAN MCDOWELL BORN MAY 4, 1953 IN BOISE (ADA) ID TO DOROTHY ALICE HAHN AND GEORGE ANGUS MCDOWELL VIEWED VS.

MEDICAL CARD ISSUED TO GEORGE A MCDWOELL JULY 1, 1984 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 4/21/14 FILE #1914-21162 SHOWS WALLACE CHARLEY MCDOWELL BORN APRIL 2, 1914 IN STAR (ADA) ID TO RUBY CELESTER MORCOM AND WALLACE R. MCDOWELL VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 3/2/67 FILE #67-537 SHOWS WALLACE ROSS MCDOWELL DIED FEB. 21, 1967 IN BOISE (ADA) ID VIEWED VS.

666-129-023-381

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett — Registration District No. 6 — File No. 70481

No. ____ St. — Primary Registration District No. 1020 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Wilbur Lynn Woodbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	7/24/1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Bradley Woodbury	Ethel Wma Chapman
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	34 (Years)
BIRTHPLACE	Mich	South Dakota
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Reynolds (Physician or midwife)

Address Emmett

Given names added from a supplemental report.

....19....

.... Registrar

Filed 7/30/1919 J. A. Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1950

293 - 231 - 023 - 695

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70482

County of Ada

City of Emmett — Registration District No. 4 — File No.

No. ____ St. — Primary Registration District No. 1010 — Registered No.

Hospital

FULL NAME OF CHILD Maxine Mildred Sickert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	7 - 31 1919

FATHER	MOTHER
FULL NAME: William Arthur Sickert	FULL MAIDEN NAME: Mildred E Fresh
RESIDENCE: Emmett	RESIDENCE: Same
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Seattle Washington	BIRTHPLACE: Idaho
OCCUPATION: Station Engineer	OCCUPATION: House wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 45 P M. on the date above stated.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett Ada

Filed 8/2 1919 — J L Reynolds, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141 - 101-023-942

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70483

County of Gem

City of Emmett Registration District No. 6 File No.

No. St. Primary Registration District No. 10 Registered No.

Hospital

FULL NAME OF CHILD John Wright Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	yes	7 1 1914

FATHER		MOTHER	
FULL NAME	James Adams	FULL MAIDEN NAME	Marion Russell
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	England
OCCUPATION	Minister	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7/3 1914 J. L. Reynolds
Registrar

S-Y-CO. 38071

238-107-023-819

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70484

County of Gem

City of [redacted] Registration District No. 6 File No.

No. St.

Primary Registration District No. 1020 Registered No.

Hospital

FULL NAME OF CHILD Eldrid Harrington Schneider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7/7/19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilfred Albert Schneider	Amy Harrington
RESIDENCE	Gardena Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	34
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 x 5 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7/7/19 J. A. Reynolds
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1941

417-125-009-249

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

70485

County of Bonner

City of Hope

No. ..... St.

Hospital .....

Registration District No. 80

Primary Registration District No. 2157

File No. 1

Registered No. 28

FULL NAME OF CHILD Pearl Smith Maples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		First	yes	6 (Month) 25 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Harry Dudley Maples	FULL MAIDEN NAME: Phebe Anna Smith
RESIDENCE: Hope	RESIDENCE: Hope
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Clarksburg W. Virginia	BIRTHPLACE: East Dairfield, Maine
OCCUPATION: Farmer	OCCUPATION: Graduate Nurse

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:50 A.M. on the date above stated.

(Signature) A. L. Lahmann M. D.

(Physician or midwife)

Address Clarks Fork Ida.

Filed 7-7 1919 John Larson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1941

249-221-009-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.....

City of Cabinet.....

No. ..... St.

Hospital ....

Registration District No. 80 File No. 70486

Primary Registration District No. 2157 Registered No. 27

FULL NAME OF CHILD Merlene. Ellen. Smith.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes	June 21 1919

FATHER	MOTHER
FULL NAME: Fred. L. Smith.	FULL MAIDEN NAME: Ruby. M. Haverland.
RESIDENCE: Cabinet. Ida.	RESIDENCE: Cabinet. Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 36. (Years)	AGE AT LAST BIRTHDAY: 20. (Years)
BIRTHPLACE: Waukau. Wisc.	BIRTHPLACE: Palouse. Wash.
OCCUPATION: Telegraph Operator.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: First. Number of children of this mother now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... (Born alive or stillborn) at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address Clarks Fork. Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-7 19 John Larson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V

465-228-009-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70487

County of Bonner.

City of ClarksFork.

No. ..... St.

Hospital .....

Registration District No. 80.

Primary Registration District No. 2157

File No. .....

Registered No. 29

FULL NAME OF CHILD Sylvia. Lucille. Montague.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	July 28th 1919.

FATHER	MOTHER
FULL NAME: Reuben. Montague.	FULL MAIDEN NAME: Florence. Landerdahl.
RESIDENCE: ClarksFork. Ida.	RESIDENCE: ClarksFork. Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Michigan.	BIRTHPLACE: S. Dakota.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7-30 p. M. on the date above stated.

(Signature) A. L. Salmon M. D.

(Physician or midwife)

Address ClarksFork. Ida.

Filed 7-31 1919 John Larson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 1962
NOV 13 1970

319-103-013-938

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70488

County of Canada

City of Fairfield

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Alvin Newell Carman

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Newell Genge Carman	Edna Scheeers
RESIDENCE	Fairfield Idaho	Fairfield Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Minn	Wash
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3d. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.35A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 3 1919

L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-107-013-851

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70489

County of Canyon

City of Carral

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Raymond Dumont Buckendorf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ruben Buckendorf	FULL MAIDEN NAME	Vera B. Head
RESIDENCE	Carral, Ida	RESIDENCE	Carral, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Scott P. Higgs

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Fairfield, Idaho

..... Registrar

Filed Aug. 2 1919 L. Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/29/41 L. B.

253-125-029-213

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STA[redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Registration District No. 64

File No. 70490

Primary Registration District No. 2144

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Leroy Bellomy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	-	2	yes	7 (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James LeRoy Bellomy	FULL MAIDEN NAME	Francis R. Baldrich
RESIDENCE	Troy Idoho	RESIDENCE	Troy Idoho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 5 1942

STA[illegible]
BUREAU OF VITAL [illegible]
CERTIFICATE OF [illegible]

APR 30 1942

JAN 14 1957

994-228-029-253
Amended 7/13/72

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70491

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Irene Riddle

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	5	yes	7 28 1919

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Lester Riddle	FULL MAIDEN NAME	Elsie Bellomy
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	West Va.	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Hinkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 5 10 43 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 70491

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Irine Riddle (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1919 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Irine Riddle	Irene Riddle

Subscribed and sworn to before me this 13 day of
June, 19 72
Mary Ann Lee
Notary Public, residing at Moscow Idaho
My commission expires June 1974
(Seal)

Signed Elsie M. Riddle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9326 E Montgomery Apt 31 Spokane Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
June, 1972
Mary Ann Lee
Notary Public, residing at Moscow Idaho
My commission expires June 1974
(Seal)

Signed Dan R Nelson
(Signature of Any Credible Person)
Route 2 Box 145 Moscow Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-3-66. one copy pd.

JUL 14 1972

Certificate of Award gives name as Irene Riddle. Dated May 12, 1931. Given at Troy, Idaho. Signed by. James K. Allen, Principal. Viewed by V. S.

Elementary Diploma from Idaho Public Scool, Latah County gives name as Irene Riddle. Dated May 7, 1934 given as Moscow, Idaho. Viewd by V. S.

698-120-011-914

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70492

County of Boundary

City of Bonners Ferry Registration District No. 19 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD ORAH WALTER FRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adelbert C. Fry	Rebecca Radcliffe
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Oregon	Mo.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed 6/20/19 E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Hood River }

Certificate No. 70492
D[redacted] Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Fry (Name on original certificate) who was born (Was born or died) on June 20, 1919 (Date of event)
in Bonnars Fairy, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on about June 30, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fry	Orah Walter Fry

Subscribed and sworn to before me this
day of DEC 2 8 1941, 19
Harry D Steele
Notary Public, residing at Hood River Ore
My commission expires NOTARY PUBLIC FOR OREGON
[SEAL] MY COMMISSION EXPIRES AUG. 25, 1942

Signed Adelbert C. Fry.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 3, Hood River, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Hood River }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of DEC 2 8 1941, 19
Harry D Steele
Notary Public, residing at Hood River Ore
My commission expires NOTARY PUBLIC FOR OREGON
[SEAL] MY COMMISSION EXPIRES AUG. 25, 1942

Signed Laurence L Duke
(Signature of any credible person other than the previous affiant.)
Route 3 Hood River Ore.
(Street Address, City, State)

Received for filing on JAN 8 1942 By
(Registrar's signature)

JAN 10 1912

814-221-011-815

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

70493

Registration District No. 79 File No. .....

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD Macel Fern Hamilton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 21 — 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Hamilton	Cenia Handley
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Wis.	Wis.
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Filed 6/24 19 19 E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
OCT 15 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70493

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hamilton (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1919 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by statement of elder brother (Bible Record, Insurance Policy, Etc.) prepared on October 12, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Macel Fern Hamilton

Subscribed and sworn to before me this 13th day of October, 1965

Notary Public, residing at Bonners Ferry, Idaho
My commission expires February 29, 1968
(Seal)

Signed Forest W Hamilton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3019 Cascade Trail Bremerton Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Boundary }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1965

Notary Public, residing at Bonners Ferry, Idaho
My commission expires February 29, 1968
(Seal)

Signed C M Bowers M.D.
(Signature of Any Credible Person)

720 So Main Bonners Ferry Ida
(Street Address, City, State)

FORM DH 60-155

CL 8-31-65. nm 2 copies pd. rec. #1433.
1 Copy pd rec. # 5987. 2 Copies

State of Minnesota, Certificate of Birth, Hospital Birth Certificate, gives full name of child as Darrel Arthur Anderson; born January 18, 1941 at Detroit Lakes, Minnesota to Ralph William Anderson and Macel Fern Hamilton - viewed by V.S.

JAN 26 1966

Social Security Card, #396-34-3305 gives full name as Macel Fern Anderson - viewed by V.S. This document accepted because marriage certificate was also viewed by this office - Certificate of Marriage, State of Washington, County of Pend Oreille, #3126, married Oct. 25, 1937 at Newport, Washington gives full name of groom as Ralph William Anderson and full name of bride as Macel Hamilton - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11—25m-1-1-13

296-106-1011-636

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Naples

Registration District No. 79

File No. 70494

No. _____ St.

Primary Registration District No. 5156

Registered No. _____

Hospital _____

FULL NAME OF CHILD Herman ~~Rudolph~~ PAUST Krogseth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	July 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Knut Krogseth	FULL MAIDEN NAME	Anna Flor
RESIDENCE	Naples, Ida	RESIDENCE	Naples, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.23 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bonners Ferry, Ida

Filed 7/6/1919 E E Fry

Registrar

Registrar

S-Y CO. 24656

[redacted]

R. M. Bowell, M.D. F. W. Durose, M. D.

Drs. Bowell and Durose
Bonners Ferry, Idaho

March 23 1942

Registrar of Vital Statistics,
Boise Idaho,

Dear Mrs Elder,

Cadet Herman Krogseth
316 Technical Squadron
Barracks 793
Sheppard Field
Wichita Falls Texas

The above named man wishes a copy of his birth certificate.
He was born and recorded as Herman Rudolph Krogseth
Born at Naples Idaho July 6 1919.
Father Knut Krogseth
Mother Anna Flor.

He now goes by his baptismal name and wishes his birth certificate name changed to
Herman Faust Krogseth.

Please send him the copy of certificate direct.

Fee of fifty cents isenclosed.

Yours very truly,

R.M.Bowell Registrar

R M Bowell

MAR 24 1942

454-106-011-395

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

70495

Registration District No. 79

File No. .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD ELMER LAURIE ~~Roy Elmer Meddick~~ MEDDOCK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	July 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph ~~Meddick~~ MEDDOCK	FULL MAIDEN NAME	Lena Livermore
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed 7/8/19..

E E Fry
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Boundary } ss.

Certificate No. 70495

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Elmer Lourie Meddocck, (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insuance policy (Bible Record, Insurance Policy, Etc.) prepared on June 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Roy Elmer	Elmre Laurie Meddock
Surname	Meddick	Meddock
DAte	July 6, 1919	Huly 3, 1919

Subscribed and sworn to before me this 6th
day of July, 19 42

Probate Judge
Notary Public, residing at Bonners Ferry Ida
My commission expires 2nd Monday Jan 1943
(Seal)

Signed Elmer Lourie Meddock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

JUL 7 1942

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

884-213-011-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 70496

No. ..... St.

Primary Registration District No. 2156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eileen Elizabeth Hydorn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	July 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Hydorn	FULL MAIDEN NAME	Emma G. Causton
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	England.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Registrar

Filed 7/16/1919

E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1939

314-214-011-553

Form V. S. No. 11-C—~~25m-9-8-17~~

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70497

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Shirley Lois Causton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	July 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fredrick Lewis Causton	FULL MAIDEN NAME	Grace Katharine Nelson
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Can.	BIRTHPLACE	Wis
OCCUPATION	Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida

19

Filed 7/17 1919 E. E. Fry

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1973

962-125-011-236

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70498

County of Boundary

City of Naples

Registration District No. 79

File No.

No. ..... St.

Primary Registration District No. 2156

Registered No.

Hospital

FULL NAME OF CHILD Walter Kieth Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	—	yes	July 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John M. Roberts	FULL MAIDEN NAME	Ida Mae Stout
RESIDENCE	Naples, Ida.	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kim	BIRTHPLACE	Kim
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed 7/25/1919 E. E. Fry

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-115-011-959

PLACE OF BIRTH

County of Boundary

City of Port Hill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATIS[illegible]

S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRT[illegible]

Registration District No. 79

Primary Registration District No. 2156

Fil[illegible] 70500

Reg[illegible] No. .....

FULL NAME OF CHILD Oliver Monrow Hall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	— (To be answered only in event of plural births)		—	yes	Apr. 15 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alva Hall	FULL MAIDEN NAME	Charlotte Reifsteck
RESIDENCE	Port Hill, Ida.	RESIDENCE	Port Hill, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Virginia City Mont.	BIRTHPLACE	Hazelgreen Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Chas. A. Smith
Father ~~Mother~~
(Physician or midwife)

Address Port Hill, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 30 1919

Registrar

9-13-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

No. 11—10m—8-20-11

CERTIFICATE OF BIRTH

0501

County of [redacted]

City of Cascade

Registration District No. 15

File No.

No. 133-229-043-893 St.

Primary Registration District No.

Registered No. 208

Hospital

FULL NAME OF CHILD RUTH Julia Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	June 29 1919

FATHER		MOTHER	
FULL NAME	Knolt D Allen	FULL MAIDEN NAME	Ruth Hellmuth
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Cascade Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed 7-30-1919 M McDonald Registrar

Dept

S-Y CO., 16068

[redacted]

CERTIFICATE OF BIRTH

NOV 18

[redacted] BIRTH

263-125-037-319

Form V. S. No. 21-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70502

County of [redacted]hee

City of Silver

Registration District No. 43

File No.

No. ..... St.

Primary Registration District No. 2120

Registered No.

Hospital

FULL NAME OF CHILD Samuel Bauer Sathern

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 25 1919

FATHER		MOTHER	
FULL NAME	Alfred Gilmore Sothern	FULL MAIDEN NAME	May Elizabeth Carothers
RESIDENCE	Oreana, Owyhee Co. Ida.	RESIDENCE	Oreana, Owyhee Co. Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Bellevue, Idaho.
OCCUPATION	Stock-growing	OCCUPATION	House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (weight 9½ lbs.) at 3:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Schuyler M.D.

Physician
(Physician or midwife)

Address Murphy & Silver City, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 25 1919 W. N. Schuyler
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

[redacted]

218-216-037-464

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[illegible]

County of Owyhee

City of Grasmere

Registration District No. 43 File No.

No. — St.

Primary Registration District No. 2120 Registered No.

Hospital —

FULL NAME OF CHILD Eileen Fay Sayko

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	—		—	yes	May (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Sayko	FULL MAIDEN NAME	Fay Jennie Dodge
RESIDENCE	Grasmere	RESIDENCE	Grasmere
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Bruneau Ida
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. W. C. Dodge
Mid-wife
(Physician or midwife)

[illegible]

[illegible] Registrar

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1958

JUL 3 1962

864-127-037-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Claytonia

No. ..... St.

Hospital .....

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 43 File No. 70505

Primary Registration District No. 2120 Registered No. .....

FULL NAME OF CHILD Warren Burt Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Apr 27 1919

FATHER		MOTHER	
FULL NAME	James M. Young	FULL MAIDEN NAME	Myrtle Swain
RESIDENCE	Claytonia	RESIDENCE	Claytonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ky.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	HW.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Farrer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

1919 Address Coldwell Ida

W. H. Schuyler Registrar Filed July 25 1919 W. H. Schuyler Registrar

Form V. S. No. 27B—5m-1-19

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

70505

Place of Birth

City Olatona

Street and House No.

County Owyhee

Registered No.

Registration Dist. No. 43

Sex of Child Male

Date of Birth April (MONTH) 27 (DAY) 1919 (YEAR)

Father James Markus Young (FULL NAME)

Mother Myrtle R. Swain (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Warren Burt Young
GIVEN NAME IN FULL — SURNAME

as reported by Mrs. James M. Young (FATHER OR MOTHER)

W. H. [illegible] (LOCAL REGISTRAR)

MAR 22 1967

699-120-037-343

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Claytonia

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70507**

Registration District No. 43 File No. .....

Primary Registration District No. 2120 Registered No. .....

FULL NAME OF CHILD George Henry Friend

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl S. Friend	FULL MAIDEN NAME	Anna Tuttle
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or stillborn~~) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farmer

Coldwell
(Physician or m[redacted])

Given names added from a supplemental report.

..... 1919

Address Coldwell Ida

W. H. Schuyler
Registrar

Filed July 25, 1919 W. H. Schuyler
Registrar

Form V. S. No. 27B—5m-1-13

STATE OF

BOARD OF HEALTH -- BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Homedale

Street and House No.

County Owyhee

Registered No.

Registration Dist. No. 43

Sex of Child Male

Date of Birth Jan. 20, 1919
MONTH DAY YEAR

Father Earl S. Friend
FULL NAME

Mother Anna Laura Inthl
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

George Henry Friend
GIVEN NAME IN FULL SURNAME

as reported by Anna L. Friend
FATHER OR MOTHER

W. H. Settingston M.D
LOCAL REGISTRAR

JUN 10 1942

386-127-037-913

PLACE OF BIRTH

STATE OF WYOMING
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70512

County of Big Horn

City of Burneau Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Robert Frances Thorne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Apr 27 1919

FATHER		MOTHER	
FULL NAME	Bert Othmer Thorne	FULL MAIDEN NAME	Sarah Elizabeth Ratliff
RESIDENCE	Hot Springs Ida	RESIDENCE	Hot Springs
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Tex.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Becker M. D.
(Physician or midwife)

Address Burneau

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug. 6 1919 W. H. Schuyler
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

SEP 24 1969

893 - 205 - 037 - 168

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70513

County of Owyhee

City of Bruneau

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Christine Hicks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	May 5 1919

FATHER		MOTHER	
FULL NAME	Carl Roy Hicks	FULL MAIDEN NAME	Cora Johnson
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Minn
OCCUPATION	Barber	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Becker M.D.

M.D.
(Physician or midwife)

Address Bruneau, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Aug. 6, 1919. W. H. Salaway
Registrar

S-Y CO. 24656

913-217-037-962

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70514

County of Owyhee

City of Bruneau

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No.

Hospital —

FULL NAME OF CHILD Helen Ruth Ratliff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	—		—	yes	Feb 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Lee Ratliff	FULL MAIDEN NAME	Kate E Robertson
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sex	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Becker MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bruneau Ida

1919

W. H. Schuyler Registrar

Filed Aug 16 1919 W. H. Schuyler Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1975

dup of 1919-118340

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

361-207-037-359

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70515

County of Owyhee

City of Bruneau

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Dortha Louise Coats

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	—		—	yes	Feb (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph H. Coates	FULL MAIDEN NAME	Orinda Terry
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau Ida
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Becker

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bruneau Idaho

Filed Aug 6 1919 W. H. Schuyler
Registrar

Registrar

S-Y CO. 24655

MAY 20 1955

dup of 1919-118339

665-214-037-391

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70516

County of Owyhee

City of Bruneau

Registration District No. 44 File No. 17

No. — St.

Primary Registration District No. 2121 Registered No.

Hospital —

FULL NAME OF CHILD Bertrude Hazel Owens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	—		—	yes	1 (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Jerome Owens	FULL MAIDEN NAME	Hazel Bertrude Traxler
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minn
OCCUPATION	Stock grower	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Becker

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bruneau Ida

File[illegible] 19[illegible] W. H. Schuyler Registrar

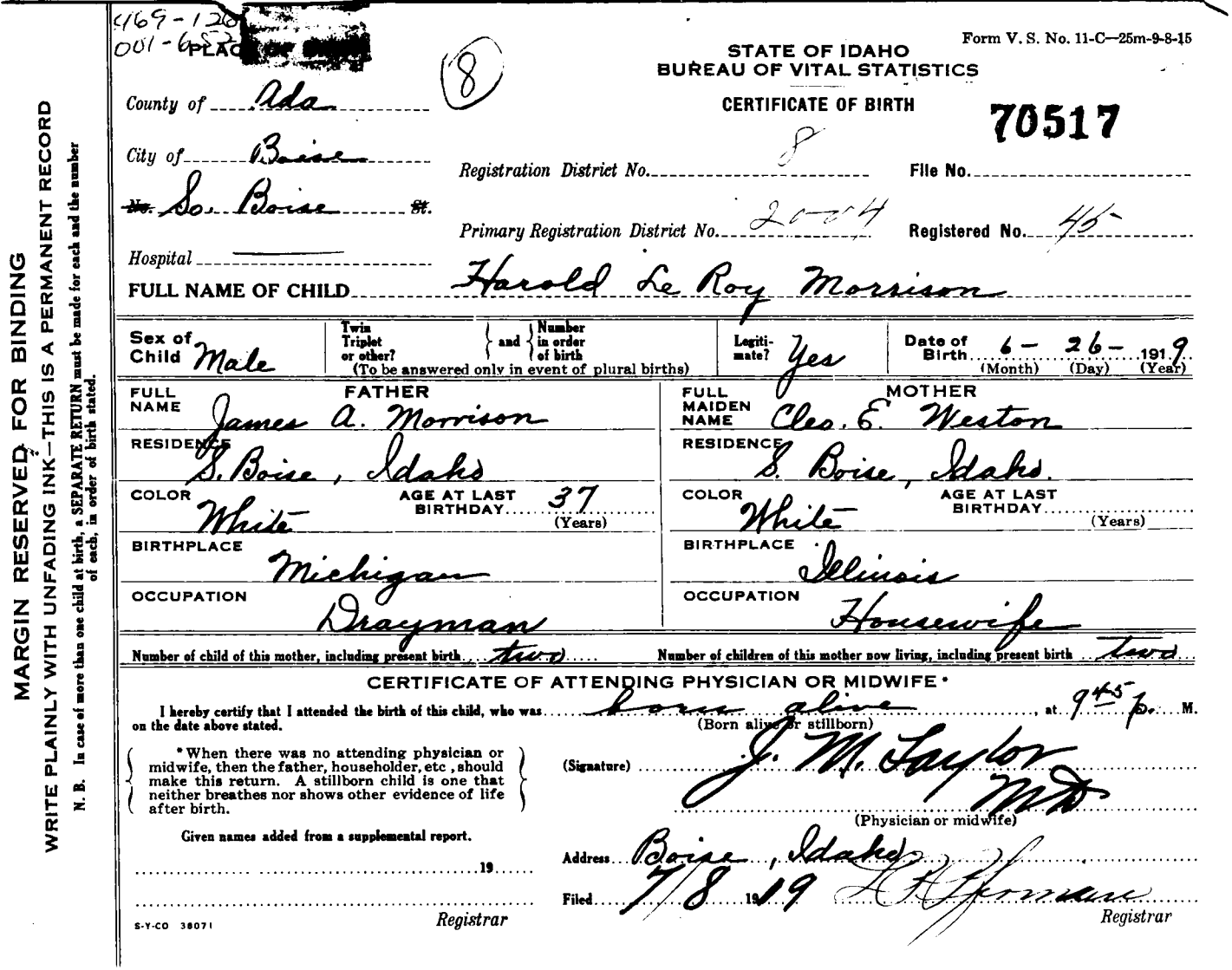
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



469-120
001-652
PLAC[redacted]

(8)

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70517

County of Ada

City of Boise

~~No.~~ So. Boise ~~St.~~

Hospital ——

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 45

FULL NAME OF CHILD Harold Le Roy Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 – 26 – 1919

FATHER		MOTHER	
FULL NAME	James A. Morrison	FULL MAIDEN NAME	Cleo. E. Weston
RESIDENCE	S. Boise, Idaho	RESIDENCE	S. Boise, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Boise, Idaho

Filed 7/8 1919 L. P. Sherman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1942

818-230-001-745

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

County of Ada

City of Pierce Park School District Registration District No. 8 File No. 70518

No. ..... St. Primary Registration District No. 2004 Registered No. 46

Hospital Earline

FULL NAME OF CHILD [illegible] Myrtle Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	June 30 1917

FATHER		MOTHER	
FULL NAME	Earl Harrison	FULL MAIDEN NAME	Vera R Green
RESIDENCE	near Pierce Park	RESIDENCE	near Pierce Park
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Conductor	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr John Boeck

(Physician or midwife)

Address .....

Filed 4/8 1919 L R Freeman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 70518

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Vera Myrtle	~~Earline~~ Harrison
		Earlie Myrtle

Subscribed and sworn to before me this ..... day of 19 44

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs Ed. Harrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

AUG 5 1944

962-201-001-861

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70519

County of Ada

City of Ustick

No. ..... St.

Hospital .....

Registration District No. 8

File No. .....

Primary Registration District No. 2004

Registered No. 47

FULL NAME OF CHILD Vivian Roberts

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth July (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Roberts	FULL MAIDEN NAME	Ida Hoalst
RESIDENCE	Mesa, Idaho	RESIDENCE	Mesa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7/9 1919 L. R. Firman Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1967

786-123-001-485

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70520

County of Ada

City of Boise

No. 1715 N. 16th St.

~~Hospital~~

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 48

FULL NAME OF CHILD Thomas Patrick Ghormley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) – 23 (Day) – 1919 (Year)

FATHER		MOTHER	
FULL NAME	V. F. Ghormley	FULL MAIDEN NAME	Edna A. Myers
RESIDENCE	1715 N. 16th St. Boise	RESIDENCE	1715 N. 16th St., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Indiana	BIRTHPLACE	Washington
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7/8 1919 L. P. Pfarman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-216-001-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of S Boise

No. Grant St. St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70521

Registration District No. ..... File No. .....

Primary Registration District No. 2047 Registered No. 119

FULL NAME OF CHILD Evlyn Loren Stewart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	Twin		4	Yes	April 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry O Stewart	FULL MAIDEN NAME	Emma Beaubloison
RESIDENCE	S Boise Ida Grant St	RESIDENCE	S Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	~~S Boise~~ Neb
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) on the date above stated, at 12 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7/31 1919

[signature] Registrar

155-224-001-316

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. RR 4 St.

Hospital Anne Minnie

FULL NAME OF CHILD [redacted] Jensen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70523

Registration District No. 8

File No.

Primary Registration District No. 2004 [redacted]

Registered No. 51

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	1 Bm	2nd	Yes	March 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris Jensen	FULL MAIDEN NAME	Francis Ferne La Force
RESIDENCE	Boise Ida RR 4	RESIDENCE	Boise Ida RR 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive [redacted]) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Shurtz MD

Boise Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 7/31 19.....

L Forman

Registrar

Registrar

2/3/41 L. B.

MAY 29 1959

817-205-001-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70524

County of Ada

City of Boise

No. Davis Ranch St.

Hospital —

Registration District No. 8

Primary Registration District No. 204

File No.

Registered No. 62

FULL NAME OF CHILD Emma Hop.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	7-5-1919

FATHER	MOTHER
FULL NAME Leon Hop.	FULL MAIDEN NAME Lee Shee
RESIDENCE Davis Ranch, Boise	RESIDENCE Davis Ranch, Boise
COLOR Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE California	BIRTHPLACE China
OCCUPATION Gardener	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.01 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed 7-22 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-120-001-152

(38)

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70525

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 200

FULL NAME OF CHILD Wilson, Thos R. Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	7	Yes	6 20 1919

FATHER		MOTHER	
FULL NAME	Wilson Thos R.	FULL MAIDEN NAME	Hoffman Jessie
RESIDENCE	1016 No 19th St. Boise	RESIDENCE	Bun
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Boise Ida	BIRTHPLACE	Little Soux Iowa
OCCUPATION	Shepman	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genoway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 217 Idaho Bldg

Filed 7/2 1919 L. A. Firman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1953

438-130-001-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70526

County of Ada

City of Boise

No. ——— St.

Hospital St. Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 201

FULL NAME OF CHILD John Joseph McHugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 - 30 - 1919

FATHER		MOTHER	
FULL NAME	Thos. J. McHugh	FULL MAIDEN NAME	Ida M. Beaton
RESIDENCE	1715 N. 12th, Boise	RESIDENCE	1715 N. 12th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7/8 1919 L. R. Firman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1942

313-229-001-693

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 510 South 15 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 70527

Registered No. 202

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward G. Callahan	FULL MAIDEN NAME	Nora J. Williams
RESIDENCE	510 South 15th St	RESIDENCE	510 South 15th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ore
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 7/8 1919

L R Jerman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1960

219-117-001-369

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70528

County of Ada

City of Boise

No. 1916 N 14- St.

Hospital

Registration District No. 2

File No.

Pri[illegible] Registration District No. 1004

Registered No. 223

FULL NAME OF CHILD Herbert Cornish Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M			June 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Albert Bailey	FULL MAIDEN NAME	Mabel Francis Cornish
RESIDENCE	1916 N 14-	RESIDENCE	1916 N 14
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Colo.
OCCUPATION	Ice maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Registrar

Filed 7/8 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1947

964-214-001-751

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70529

County of Ada

City of Boise

Room 38 ~~St.~~

Hospital St. Lukes

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 204

FULL NAME OF CHILD Virginia Pearl Rodda

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	Yes	July 14 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME James Edward Rodda	FULL MAIDEN NAME Jessie Pearce
RESIDENCE 905 Ressigue St Boise	RESIDENCE 905 Ressigue St.
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Bristol - England	BIRTHPLACE Port Nolloth, Africa
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

Boise
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 7/16 1919 L. Gorman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 - 206 - 001 - 515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004.

File No. 70530

Registered No. 205

FULL NAME OF CHILD Elizabeth Aleda Cooper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	July 6 — 1919

FATHER		MOTHER	
FULL NAME	Peter Cooper	FULL MAIDEN NAME	Lena VanDerweja
RESIDENCE	1417 Denver St.	RESIDENCE	1417 Denver St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. John Buck

..... (Physician or midwife)

Address Boise Idaho

Filed 7/24 19 19

..... Registrar

K

MAY 2 1 1970

DECEASED

219-201-001-866

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Boise

No. 1415 Franklin St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70531

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 206

FULL NAME OF CHILD Virginia Barger

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	1	No	7 - 1 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. S. Barger	FULL MAIDEN NAME	Pearl Hoover
RESIDENCE	~~1415 Franklin Ada~~ Pine	RESIDENCE	Pine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 7/5 1919 [signature]

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-221-001-843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 8

Primary Registration District No. 1004

File No. 70532

Registered No. 207

FULL NAME OF CHILD Dorothy May Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	June E. Shaw	FULL MAIDEN NAME	Grace A. Hutcheson
RESIDENCE	Homedale, Ida	RESIDENCE	Homedale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Ida

Filed 7/8 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-225-001-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70533

County of Ada

City of Boise

~~No.~~ ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 208

FULL NAME OF CHILD Ruth Eileen Soward

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ross A. Soward	FULL MAIDEN NAME	Gertrude E. Ward
RESIDENCE	Vale, Oregon	RESIDENCE	Vale, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Canada
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7/8 1919 L. R. Ferman

Registrar

Registrar

S-Y-CO 38021

133-221-001-533

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70534

County of Ada

City of Boise

Registration District No. 2 File No.

No. St. Primary Registration District No. 1004 Registered No. 209

Hospital St Lukes Hosp -

Full Name of Child Mollie Isabelle - Allen -

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
femal			yes	6 — 21 — 19 19

FATHER

FULL NAME: John Allen

RESIDENCE: Mayfield Ida

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Scottand

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Nellie Elles

RESIDENCE: Mayfield - Ida -

COLOR: White -

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Scotland

OCCUPATION: House wife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill per - C. J. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/2 19 19 L. A. Foman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 2 1971

762-236
001-846

added name , amend date
4-16-85 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70535

County of Ada

City of Boise

Registration District No. 2

File No.

No. ..... St.

Primary Registration District No. 1004

Registered No. 210

Hospital St Lukes

Vivian Madelon Goset

FULL NAME OF CHILD Baby Goset

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	May 30, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Goset	FULL MAIDEN NAME	Nellie Huff
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	N Carolina	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 7/5 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-19-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
FEB 19 10 06 AM '85

State of California
County of Santa Cruz } ss.

Certificate No. 70535
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Goset (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 1, 1919 (Date of Event)
in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vivian Madelon Goset
date of birth	June 1, 1919	May 30, 1919

Subscribed and sworn to before me this 2nd day of November, 19 84.
Notary Public, Douglas W. Cox
Residing at Soquel, California
My Commission Expires Aug. 4, 1986

OFFICIAL SEAL
DOUGLAS W. COX
NOTARY PUBLIC - CALIFORNIA
SANTA CRUZ COUNTY
My Comm. Expires Aug. 4, 1986

Vivian Madelon Goset Capra Vivian Madelon Goset Capra
Signature of Applicant
X3151 Mission Dr. Santa Cruz, Ca. 95065
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of November, 19 84.
Notary Public, Mila J. Norkley
Residing at Meridian
My commission expires Lifetime
(Seal)

Tommy E Brooks Brother
Supporting Signature
X Route 1, Eagle, Idaho 83616
Street Address, City, State

1 cc pd

School record lists Vivian Goset age 13 born 5-30-19 as student. school year sem ending Jan 1933. Viewed by V.S.

APR 16 1985

Birth certificate for Madelon Vee Oeth born Oct 20, 1948 lists mother as Vivian Madelon Goset born in Idaho. Viewed by V.S.

141-225-001-331

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70536

County of Ada

City of Boise

No. _____ St.

Hospital St Alphonsus

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 211

FULL NAME OF CHILD Adams

Sex of Child F.E.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 7 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred. Adams	FULL MAIDEN NAME	Bama Clay.
RESIDENCE	R.D. # 4	RESIDENCE	R.D. # 4
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pullenger

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Overland Bldg.

Filed 7/26 1919 L. P. Forman Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-106
001-386

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70537

County of Ada

City of Boise

No. 505 S 3rd St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 212

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		no	July (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Margaret Jane Thomas
RESIDENCE	—	RESIDENCE	505 S 3rd St.
COLOR	— AGE AT LAST BIRTHDAY — (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	—	BIRTHPLACE	Kansas
OCCUPATION	—	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6.30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

..... 19.....

Filed 7/14 19 L. P. Thoman

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-213-001-296

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 70538

Registered No. 213

Full Name of Child .....

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH July (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry J Keene.	FULL MAIDEN NAME	Leona Mae Brown.
RESIDENCE	401 S 10 St.	RESIDENCE	401 S 10 St.
COLOR	White AGE AT LAST BIRTHDAY 22 yrs. (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 yrs. (Years)
BIRTHPLACE	Weiser Idaho.	BIRTHPLACE	Midvale Idaho
OCCUPATION	Common labor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One.

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A N Jacquemin M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 7/18 1919 L R Ammau

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225-207-001-689

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 70539

No. _____ St.

Primary Registration District No. _____ Registered No. 214

Hospital St. Alphonsus

Full Name of Child Mary Louise Skelton

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	July 7 1919

FATHER

FULL NAME: Elmer Skelton

RESIDENCE: Meridian Idaho

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Bertha M Whithington

RESIDENCE: Meridian Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. P. French

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 7/22 1919 L. E. Gorman

Registrar

OCT 1 4 1942

343-113-001-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1112 N. 21st St.

Hospital

Registration District No.

File No. 70540

Primary Registration District No.

Registered No. 215

FULL NAME OF CHILD Baby Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 – 13 – 1919

FATHER		MOTHER	
FULL NAME	Walter A. Tucker	FULL MAIDEN NAME	Florence E. Harvey
RESIDENCE	1112 N. 21st, Boise	RESIDENCE	1112 N. 21st, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Alaska.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive but never breathed at 5 10 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 7/22 1919 [illegible]
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-114-001-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70541

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. ——— File No. ———

Primary Registration District No. ——— Registered No. 216

FULL NAME OF CHILD Herbert Fiske Chaffee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 - 14 - 1919

FATHER		MOTHER	
FULL NAME	E. F. Chaffee	FULL MAIDEN NAME	Grace Lyman
RESIDENCE	Rivers Ranch, Boise	RESIDENCE	Rivers Ranch, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Minister and Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth eight Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 25 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7/22 1919 L. Lyman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 9 1967

SEP 16 1967

255-114-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70542

County of Ada

City of Boise

No. 2127 N. 15th St.

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 217

FULL NAME OF CHILD Ralph Orlo Beetham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	twin		1	Yes	7-14-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin C. Beetham	FULL MAIDEN NAME	Mabel Stanley
RESIDENCE	2127 N. 15th, Boise	RESIDENCE	2127 N. 15th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wisconsin	BIRTHPLACE	South Dakota
OCCUPATION	Business College teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth six. Number of children of this mother now living, including present birth six.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.M. on the date above stated.
(Born alive or stillborn)

(Signature) T. N. Braxton M.

(Physician or midwife)

Address Boise, Idaho

Filed 7/23 1919 L. R. Simon
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT
MAY 3 1967

FEB 28 1944

255-114-001-231

PLACE OF BIRTH

Form V. 8-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70543

County of Ada

City of Boise

No. 2127 N. 15th St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 218

Hospital _____

FULL NAME OF CHILD Darrell Aubrey Beetham

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	7-14-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin C. Beetham	FULL MAIDEN NAME	Mabel Stanley
RESIDENCE	2127 N. 15th, Boise	RESIDENCE	2127 N. 15th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	South Dakota
OCCUPATION	Business College teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth seven Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 7/23 1919 L. P. Herman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1944

231-217-001-365 [redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No.

File No. 70544

No. St.

Primary Registration District No.

Registered No. 219

Hospital St. Alphonsus

FULL NAME OF CHILD Dorothy Ellen Standish

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 7 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter M. Standish	FULL MAIDEN NAME	Clesta Long
RESIDENCE	Fort St., Boise	RESIDENCE	Fort St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 1/23 1919 L. P. Forman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

292-106-001-96

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

70545

County of Ada

City of Boise

Registration District No. _____ File No. _____

No. Warm Sps. Ave.

Primary Registration District No. _____ Registered No. 220

Hospital Maternity Home

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		No	7 — 6 — 1919

FATHER		MOTHER	
FULL NAME	Phillip Gibbs	FULL MAIDEN NAME	Daisy Rose
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	68	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Retired	OCCUPATION	Clerk

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 7/23 1919 L. P. Jerman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

56 TK02-001-895

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70546

County of Ada

City of Boise

No. 1007 N. 20th St.

Hospital ——

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 221

FULL NAME OF CHILD Franklin Wilkinson Crowe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 – 2 – 1919

FATHER		MOTHER	
FULL NAME	Joseph W. Crowe	FULL MAIDEN NAME	Frances Hinckley
RESIDENCE	1007 N. 20th, Boise	RESIDENCE	1007 N. 20th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Canada	BIRTHPLACE	Maine,
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise

Filed 7/23 1919 L. R. Ferman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1965

MAY 18 1942

963-102-001-268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70547

County of Ada

City of Boise

No. 613 S 14th St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 222

FULL NAME OF CHILD Marion Rockwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2	Yes	7-2-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jeff. Rockwell	FULL MAIDEN NAME	Evelyn Boyer
RESIDENCE	613 S. 14th, Boise	RESIDENCE	613 S. 14th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	65	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.00 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brantan M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 7/23 1919 L. Roman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1974

MAR 18 1948

963-202-001-268

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70548

County of Ada

City of Boise

No. 613 S. 14th St.

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 223

FULL NAME OF CHILD Maxine Rockwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		1	Yes	7 (Month) 2 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jeff. Rockwell	FULL MAIDEN NAME	Evelyn Boyer
RESIDENCE	613 S. 14th St., Boise	RESIDENCE	613 S. 14th St., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	65 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth nine Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. V. Brattan M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 7/23 1919 S. R. Fireman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1964

218-125-001-517

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. _____ File No. 70549

Primary Registration District No. _____ Registered No. 224

FULL NAME OF CHILD Ray Hailan Kahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur L. Kahl	FULL MAIDEN NAME	Goldie G. Eagles
RESIDENCE	711 N. 20th, Boise	RESIDENCE	711 N. 20th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 7/23 1919 L. P. Pfoman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299 - 224 - 001 - 417

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 401½ O'Farrell St.

Registration District No. ____ File No. 10550

Primary Registration District No. ____ Registered No. 885

Hospital ____

FULL NAME OF CHILD Lorene Mayo Krieg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	6 — 24 — 1919

FATHER	MOTHER
FULL NAME: Thomas W. Krieg	FULL MAIDEN NAME: Bessie L. Daggett
RESIDENCE: 401½ O'Farrell, Boise	RESIDENCE: 401½ O'Farrell, Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Iowa
OCCUPATION: Printer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one — Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 9/23 19 19 L. L. Sherman

Registrar

S-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FEB 9 1943

845-221-001-469

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70551

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 226

Full Name of Child Elizabeth ~~Louise~~ Morrow Huebener

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH 7 (Month) 21 (Day) 19[illegible] (Year)

FATHER	MOTHER
FULL NAME Geo. C. Huebener	FULL MAIDEN NAME Beryl Morrow.
RESIDENCE Emmett.	RESIDENCE Emmett.
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Wisconsin.	BIRTHPLACE Idaho.
OCCUPATION Lawyer.	OCCUPATION House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill 3. H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7/23 1919 L. R. Froman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1960

893-204-001-689

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's Hosp.

Registration District No. _____

Primary Registration District No. _____

File No. 70552

Registered No. 227

Full Name of Child Cordelia Hill

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes.	7 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dr. J. Carl Hill	FULL MAIDEN NAME	Elizabeth Whitehill
RESIDENCE	916 Warm Spgs Ave	RESIDENCE	916 Warm Spgs Ave
COLOR	White	COLOR	White Hill
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	West Va.
OCCUPATION	Physician & Surgeon	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 49 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith M.H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7/23 1919 L. R. Freeman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-218-001-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70553

County of Ada

City of Boise

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. 228

Hospital St. Alphonsus

FULL NAME OF CHILD Betty Jane Snider

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. Z. Snider	FULL MAIDEN NAME	Hazle McCormack
RESIDENCE	1515 No 12th Boise Idaho	RESIDENCE	1515 No 12th Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wilkshane Pa	BIRTHPLACE	Detroit, Mich.
OCCUPATION	Traveling Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed 7/24 1919 L. P. Firman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

995-216-001-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of

No. ..... St.

Hospital St. Alphonsus

Registration District No. .....

Primary Registration District No. .....

File No. 70554

Registered No. 229

FULL NAME OF CHILD Dorothy Jean Rieger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	July 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Phillip F. Rieger	FULL MAIDEN NAME	Mable A Holden
RESIDENCE	Riggins, Idaho	RESIDENCE	Riggins, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Correctionville Iowa
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCallo M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 24 1919 L P Jerman

Registrar

818-121-001-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No.

File No. 70555

Primary Registration District No.

Registered No. 230

FULL NAME OF CHILD Samuel Hubbard Hays

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 - 21 - 1919

FATHER	MOTHER
FULL NAME Samuel D. Hays	FULL MAIDEN NAME Anna Gertrude Denecke
RESIDENCE 1014 E. Jefferson, Boise	RESIDENCE 1014 E. Jefferson, Boise
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wyoming
OCCUPATION Lawyer	OCCUPATION Housewife

Number of child of this mother, including present birth one — Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7/26 1919 L. R. Perman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1942

MAY 19 1953

252-219-001-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1724 Ridenbaugh St.

Hospital ———

Registration District No. ____ File No. 10556

Primary Registration District No. ____ Registered No. 231

FULL NAME OF CHILD Grace Katherine Kessler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	7 — 19 — 1919

FATHER	MOTHER
FULL NAME: Harry S. Kessler	FULL MAIDEN NAME: Julia Christensen
RESIDENCE: 1724 Ridenbaugh, Boise	RESIDENCE: 1724 Ridenbaugh, Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: Lawyer	OCCUPATION: Housewife

Number of child of this mother, including present birth: six

Number of children of this mother now living, including present birth: five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 7/26 1919 L. R. Gorman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 3 1957

866-118-001-753

PLACE ~~OF BIRTH~~

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70557

County of Ada

City of Boise

No. 1512 N 6 St.

Hospital

Registration District No.

File No.

Primary Registration District No.

Registered No. 232

FULL NAME OF CHILD GLEN EVERETT HOWELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. H. Howell	FULL MAIDEN NAME	Susie Peterson
RESIDENCE	1512 N 6	RESIDENCE	1512 N 6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 4.30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 4/26 1919 L. R. Firman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin

Certificate No. 70557

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Glen Everett Howell (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1919 (Date of Event) in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glen Everett Howell

July 18, 1919 is given as birthdate. Is this correct? yes

Subscribed and sworn to before me this 24 day of Oct 1942

A. H. Roquistad
Notary Public, residing at Clarkston

My commission expires 2-20-1944
(Seal)

Signed x Susie Howell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clarkston Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Oct 1942

A. H. Roquistad
Notary Public, residing at Clarkston

My commission expires 2-20 1944
(Seal)

Signed x Mrs. Jos. Hollier
(Signature of Any Credible Person Other Than Previous Year)

1295 Elm Clarkston Wash
(Street Address, City, State)

OCT 30 19

792-220-001-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70558**

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 233

FULL NAME OF CHILD Viva Evaleen Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas A. Gibson	FULL MAIDEN NAME	Eva R. Lamb
RESIDENCE	2609 State	RESIDENCE	2609 State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Ida

Filed 7/26 19 L R Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1976

OCT 2 3 1944

389-229-001-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 70559

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 234

NAME OF CHILD Violet J. Chisholm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	—	Yes	Sept 27 1917

	FATHER	MOTHER
FULL NAME	Alex Chisholm	Effie May Nicholas
RESIDENCE	516 S 13th	516 S 13th
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Canada	Colo.
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex Chisholm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/27 19 17

Registrar

JUL 2 8 1970

962-115-001-
231

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1614 Washington St.

Hospital St. Alphonsus

Registration District No.

Primary Registration District No.

File No. 70560

Registered No. 235

Full Name of Child Richard Moyne Robb

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	July (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Moyne C. Robb	FULL MAIDEN NAME	M. Irene Starkey
RESIDENCE	1614 Washington ~~Boise Idaho~~	RESIDENCE	1614 Washington ~~Boise Ida~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Bloomington, Ida
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. French

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Ida

Filed 7/31 1919 L. P. Finnan

Registrar

MAY 25 19

Dr Franck
6/1

231-229-001
243 PLACE OF BIRTH [redacted] TATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH **70561**

County of Ada

City of Bois

No. 2209 Harr[redacted] Bvd

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 236

Hospital _____

FULL NAME OF CHILD Eleen Doris Stamper

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female		3	yes	July 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. B Stamper	FULL MAIDEN NAME	Carry Buckingham
RESIDENCE	2209 Harrison Bvd	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth _____ Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Kingsbury DO

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed 7/31 1919 L R Thomas Registrar

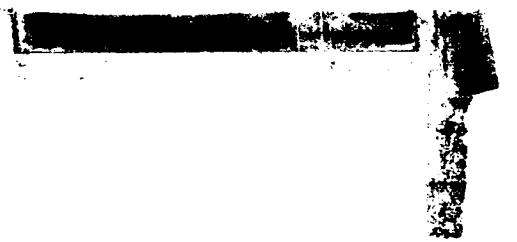
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



694-228-001-693

PLACE OF BIRTH

County of Ada

City of Boise

No. S 11th 530 St.

Hospital no

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. .....

File No. 70562

Primary Registration District No. ..... [redacted]

Registered No. 237

FULL NAME OF CHILD Elbert A. May Ormiston

Sex of Child	Twin Triplet or One	and	Number in order of birth	Legitimate?	Date of Birth
Girl	One		2nd	Yes	June 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elbert Charles Ormiston	FULL MAIDEN NAME	Stella Agnes Williamson
RESIDENCE	530 So 11 Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive) [redacted], at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Stuntz

M.D.
(Physician or midwife)

Given names added from a supplement report.

..... 19.....

Address .....

Registrar

Filed 7/31 1919

L R Firman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1944

316 - 116
029 - 653

PLACE OF BIRTH

County of Idaho

City of Helmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

Registration District No. 2147

File No. 70563

Primary Registration District No. 67

Registered No. 45

FULL NAME OF CHILD ..... KIEFFORD FLOYD LAWRENCE .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes	June 16 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd W. Lawrence	Nona Williams
RESIDENCE	Helmer	Helmer
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Ida.	Ky.
OCCUPATION	farmer	H W.

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report.

7-7 19 19

P. C. Faust
Registrar

Filed 7-7 19 19

P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

FEB 6 19

Certificate No. 70563

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Kiefford Floyd Lawrence (Birth or Death)
for no name (Name on Original Certificate) who was born on June 16 - 1919 (Was Born or Died) (Date of Event)
in Helmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mothers record (Bible Record, Insurance Policy, Etc.) prepared on birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Kiefford Floyd Lawrence
name of father	Floyd W. Lawrence	Floyd W. Lawrence

Subscribed and sworn to before me this 6 day of February, 1942

E. F. Brooke
Notary Public, residing at Troy Idaho
My commission expires 8-1-1945
(Seal)

Signed Nona Lawrence, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Deary Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of February, 1942

E. F. Brooke
Notary Public, residing at Troy Ida.
My commission expires 8-1-45
(Seal)

Signed Mildred Wells
(Signature of Any Credible Person Other Than Previous Year)

Deary Ida.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-122
029-231

PLACE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital ..... D.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70564

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 46

FULL NAME OF CHILD Earl Calvin Morgan

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		1	yes	June 22 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Love Morgan	FULL MAIDEN NAME	Cosby Stacy
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	W. Virginia
OCCUPATION	laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

(Physician or midwife)

Given names added from a supplemental report.

7-7 19 Address Bedry

P. C. Faust Registrar

Filed 7-7 19 P. C. Faust Registrar

862-115-029-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70565

PLACE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 47

FULL NAME OF CHILD Delbert Warfield Hobbs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	July 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dudley W. Hobbs	FULL MAIDEN NAME	Nellie Ross
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Md.	BIRTHPLACE	Ida.
OCCUPATION	brakeman	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

7-16 1919 Address Deary

R. C. Faust Registrar Filed 7-16 1919 R. C. Faust Registrar

JUN 19 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Washington } ss.

Certificate No. _____

DEC 16 1943

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Delbert Hobbs (Name on Original Certificate) who was Born (Was Born or Died) on July 13, 1919 (Date of Event)
in Bovill, Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of my knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Delbert Hobbs	Delbert Warfield Hobbs

Subscribed and sworn to before me this 8
day of December, 19 43

Notary Public, residing at Beaverton, Ore.

My commission expires Oct. 1, 1947
(Seal)

Signed Mrs. Nellie S. Hobbs Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O.Box 411 Beaverton, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 19 43

Notary Public residing at Beaverton, Oregon

My commission expires Oct. 1, 1947
(Seal)

Signed C. J. Bennett
(Signature of Any Credible Person Other Than Previous Year)

Beaverton Ore.
(Street Address, City, State)

DEC 2 1 1943

299-220
629-615

Amended 8-5-81

Form V. S. No. 11-C—25m-9-8-17

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70566

County of Latah

City of Avon

No. ..... St.

Hospital .....

Registration District No. 2147

File No. 4

Primary Registration District No. 67

Registered No. 48

FULL NAME OF CHILD Enola Kathryn Brinkley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	July 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Robt. C. Brinkley	FULL MAIDEN NAME	Ethel Watson
RESIDENCE	Avon R.I.	RESIDENCE	Avon R.I.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	H.W. Wash
OCCUPATION	logging	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R.C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

7-21 1919

R.C. Faust
Registrar

Address Deary

Filed 7/21 1919 R.C. Faust
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

AUG 5 1981

5-5-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 10 7 53 AM '81

State of _____ } ss.
County of _____

Certificate No. 70566
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Brinkley (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-21-19 (Date of Event)

in Avon (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Enola Kathryn Brinkley
date of birth	7-21-19	7-20-19

Subscribed and sworn to before me this 15th day of June, 19[illegible]

Notary Public, [illegible]
Residing at [illegible]
My commission expires 3-15-84
(Seal)

Enola Reynolds
Signature of Applicant
1230 Burrell Lewiston Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1981

Notary Public, [illegible]
Residing at Orofino
My commission expires 10, 1, 84
(Seal)

Robert A Brinkley
Supporting Signature
Box 1936 Orofino Idaho
Street Address, City, State

1 cc pd

School Census record issued by E. W. Wing, Clerk of Nez Perce, Schoold Dist.# 1 in October 16, 1925, gives name of child as Enola Brinkley, parent, R. Brinkley. Age 6 as of Oct. 1925.
Viewed by V.S.

Family record gives name as Enola Kathryn Brinkley born July 20, 1919, to Robert C. Brinkley and Ethel May Watson. Record old.
Viewed by V.S.

416 120-029-681

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

70567

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Avon R.1

Registration District No. 2147 File No. 5

No. ..... St.

Primary Registration District No. 67 Registered No. 1

Hospital .....

FULL NAME OF CHILD Donald Ambrose Dawson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	7-20-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John P. Dawson	FULL MAIDEN NAME	Sarah O'Hara
RESIDENCE	Avon R.1	RESIDENCE	Avon R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

7-21 1919

R. C. Faust
Registrar

Address D. Sary

Filed 7-21 1919 R. C. Faust
Registrar

Form V. S. No. 27B—5M-'

STATE OF IDAHO
BOARD OF HEAL..
BUREAU OF VITAL STATISTICS

70567
note...

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Avon
Street and House No. ____
County Latah

Registered Number 2147
Registration District No. 67

Sex of Child M

Date of Birth, 7 (Month) 20 (Day) 191 9 (Year)

Full Name of Father John P. Dawson

Full Maiden Name of Mother Sarah O'Hara

I HEREBY CERTIFY that the child described herein has been named: Donald Ambrose Dawson
(Given name in full) (Surname)

as reported by J. P. Dawson
(Father or Mother)

P. C. Faust
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 31 1955

249-128-029-622

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 70568

Registration District No. 2147 File No. 3

Primary Registration District No. 67 Registered No. 5

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓		✓	yes	July 28 19

FATHER		MOTHER	
FULL NAME	Clyde E. Smith	FULL MAIDEN NAME	Anna E. Osborn
RESIDENCE	Jackson, Wyo.	RESIDENCE	Jackson, Wyo.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Laborer	BIRTHPLACE	Minn
OCCUPATION	Idaho 3	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Faust

Physician

(Physician or midwife)

Given names added from a supplemental report.

7-29 19..

P. W. Faust
Registrar

Address Deary

Filed 7-29 1919

P. W. Faust
Registrar

DUP OF 19-321031

742-101-029-742

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70569

County of Latah

City of Deary R.1 Registration District No. 2147 File No. 5

No. ..... St. Primary Registration District No. 67 Registered No. 3

Hospital .....

FULL NAME OF CHILD Gustaf Levin Gustafson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Aug. 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L. Gustafson	FULL MAIDEN NAME	Anna Gustafson
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

D. Physician (Physician or midwife)

Given names added from a supplemental report.

8-4 1919 Address Deary

P. C. Faust Registrar Filed 8-4 1919 P. C. Faust Registrar

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

70569

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Deary R.1 / Street and House No. / County Latah }

Registered Number 2147

Registration District No. 67

Sex of Child male

Date of Birth, Aug. (Month) 1 (Day) 1919 (Year)

Full Name of Father John L. Gustafson

Full Maiden Name of Mother Emma Gustafson

I HEREBY CERTIFY that the child described herein has been named:

Gustaf Levin Gustafson
(Given name in full) (Surname)

as reported by J. L. Gustafson
(Father or Mother)

P. O. Farnet.
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

359-101-005-367

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70570

County of Benewah

City of St. Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 43

Hospital At Home

FULL NAME OF CHILD Claude William Terry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claud Terry	FULL MAIDEN NAME	Deola Cox
RESIDENCE	St. Maries Ida	RESIDENCE	St. Maries Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Allen D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address St. Maries Ida

19

Registrar

Filed July 7 1919 H. E. Hunt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-114-0105-271

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70571

County of Benewah

City of St.Joe

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 44

Hospital

FULL NAME OF CHILD Jennings Norman Brandon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	July 14 1919

FATHER	MOTHER
FULL NAME: James N.Brandon	FULL MAIDEN NAME: Beatrice Sparlin
RESIDENCE: St.Joe Idaho	RESIDENCE: St.Joe Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Sauk Center,Minn.	BIRTHPLACE: Almena,Wis.
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

(Signature) C. B. Smith

Physician

(Physician or midwife)

Address St. Maries Idaho

Filed July 15 1919 H. E. Hunt

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071 *

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-231-005-469 name added 5/13/80

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

File No. 70572

Primary Registration District No. 2049

Registered No. 51

FULL NAME OF CHILD Emma Youngman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	July 31 1919

FATHER		MOTHER	
FULL NAME	Henry Youngman	FULL MAIDEN NAME	Mary Morasch
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.50 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address S. Maries Ida

Filed Aug 2 1919 H E Hunt Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS APR 9 1 07 PM '80

State of ..... } ss.
County of .....

Certificate No. 70572

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Youngman (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 31, 1919 (Date of Event) in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Emma Youngman

Subscribed and sworn to before me this 7th day of April, 1980

Marie V. Boyer [signature]

Notary Public, residing at Juliaca City Ore

My commission expires Commission Expires May 8, 1982

(Seal)

Signed Marie V. Boyer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed John Youngman

(Signature of Any Credible Person)

3235 Old Lewis River Rd

(Street Address, City, State)

Woodland Wash.

FORM DH 60-155

CL 6/15/72 nm

Leter from Portland Public schools, James Monroe High school gives name as Emma Youngman born July 31, 1919. entered igh school fall of 1934. viewed by
. SV.

MAY 13 1930

Certif of Confirmation gives nameas Emma Youngman born July 31, 1919 confirmed March 25, 1934. viewed by V. S.

419-119-005-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70573

County of Benewah

City of St. Maries

No. ..... St.

Hospital Dr. Smith's

Registration District No. 32

File No. .....

Primary Registration District No. 2049

Registered No. 50

FULL NAME OF CHILD Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	York Martin	FULL MAIDEN NAME	Lulu Allerton
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malcolm, Wis.	BIRTHPLACE	Port Crane, N.Y.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries Idaho

Filed Aug 2 1919 H E Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-219-005-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70574

County of Benewah

City of St.Joe

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. .....

Registered No. 49

FULL NAME OF CHILD ALOA MATILDA Thacker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 19 1919

FATHER	MOTHER
FULL NAME: John E.Thacker	FULL MAIDEN NAME: Bertha Kaiser
RESIDENCE: St.Joe	RESIDENCE: St.Joe
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Washington
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth ... 1st Number of children of this mother now living, including present birth ... 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C.B.Smith M.D.

Physician
(Physician or midwife)

Address St. Maries Idaho

Filed Aug 2 1919 H.E.Hamsh Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 70574

County of Kittitas } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Aloa Matilda Thacker (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 19, 1919 (DATE OF EVENT)

in St. Joe, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by cenus record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Thacker	Aloa Matilda Thacker
name		Aloa Matilda Thacker

Subscribed and sworn to before me this 26th day of January, 1942

Jas. B. Brain
Clerk of the Superior Court
Notary Public residing at
Kittitas County, Washington
My commission expires
(SEAL) By Joe C. Ulsworth, Deputy

Signed Mrs J E Thacker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 52, Kittitas, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington, } ss.

County of Kittitas.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1942

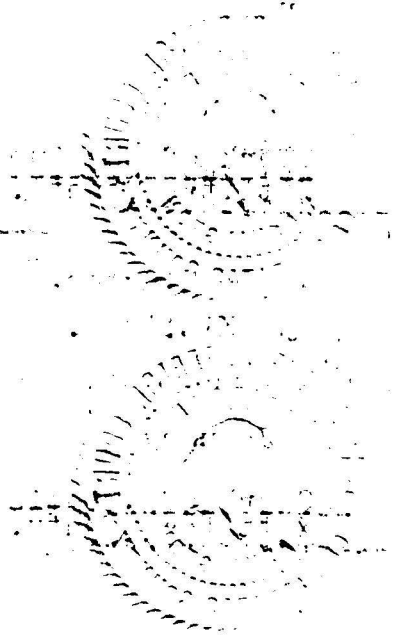
Jas. B. Brain
Clerk of Superior Court
Notary Public residing at
Kittitas County, Washington
My commission expires
(SEAL) By Joe C. Ulsworth, Deputy

Signed J E Thacker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box 52, Kittitas, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 28 1942



951-219-005-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70575

County of Benewah

City of St.Maries

No. ..... St.

Hospital .....

Registration District No. 3 2

Primary Registration District No. 2049

File No. .....

Registered No. 48

FULL NAME OF CHILD Rel Regan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	July 19 1919

FATHER	MOTHER
FULL NAME: L.E.Regan	FULL MAIDEN NAME: Martha Tremer
RESIDENCE: St.Maries	RESIDENCE: St.Maries
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Fargo,N.D.	BIRTHPLACE: Strong City Kan.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician
(Physician or midwife)

Address St. Maries Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 2 1919 H E Hanson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 - 1970

168-214-005-267

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70576

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. .....

Registered No. 47

FULL NAME OF CHILD Delma Marie Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin	2nd	yes	July 14 1909

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gus Johnson	Gertrude Swanson
RESIDENCE	St. Maries	St. Maries
COLOR	white	white
AGE AT LAST BIRTHDAY	27 (Years)	30 (Years)
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 4th. Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C B Swanson M.D.

Physician
(Physician or midwife)

Address St. Maries Idaho

Filed Aug. 2 1909 H E Hamm
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-213-005-261

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70577

County of Benewah

City of St. Maries

No. _____ St.

Hospital _____ ~~ELVA~~

Registration District No. 32 File No. _____

Primary Registration District No. 2049 Registered No. 46

FULL NAME OF CHILD Alva Louise Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	twin	1st	yes	July 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gus Johnson	FULL MAIDEN NAME	Gertrude Swanson
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.50P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Address St. Maries Ida

Given names added from a supplemental report.

_____ 19____

Filed Aug 2 1919 H E Hunt Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1948

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70577

613 - 202 - 003 - 962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneck

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 2161

File No. 70578

Registered No. 4

FULL NAME OF CHILD ..... Charlotte Watson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	7 2 1919

FATHER		MOTHER	
FULL NAME	Charles Monroe Watson	FULL MAIDEN NAME	Alline Ross
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oklahoma	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 330 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. R. Wallentine M D (Physician or midwife)

Address Bancroft

Filed 7/3 19 19 H. R. Wallentine Registrar

SEP 1 0 19[illegible]

613-206-003-962

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 84 File No. 70579

Primary Registration District No. 2161 Registered No. 42

FULL NAME OF CHILD Henrietta Kathleen Wallentine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	7 (Month) 6 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nathaniel Ray Wallentine	FULL MAIDEN NAME	Sarah Sophia Ross
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Quebec
OCCUPATION	physician & surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Bancroft

Filed 7-6 1919 N. R. Wallentine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-107-003-817

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 84 File No. 70580

Primary Registration District No. 2161 Registered No. 43

FULL NAME OF CHILD ~~XXXXXXX~~ Einar Gustav Hegstrom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	7-7-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gustav Hegstrom	FULL MAIDEN NAME	Elsie Hager
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1045 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wollenstein

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bancroft

Filed 7-7 1919 N. R. Wollenstein
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 70580

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ewald Gustav Hegstrom (Name on Original Certificate) who born (Was Born or Died) on July 7, 1919 (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
1 Name	Ewald Gustav Hegstrom	Einar Gustav Hegstrom

Subscribed and sworn to before me this 18 day of April 1964

Notary Public, residing at Burley

My commission expires 1/14/67
(Seal)

Signed Elsa Maria Hegstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

815-116-003-290

Form V. S. No. 11-C—25m-9-8.

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70581

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 44

FULL NAME OF CHILD Aaron James Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron Hanson	FULL MAIDEN NAME	Mary Sidbrook
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bancroft

Filed 7-16 1919 N R Wallentine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919- 363702

866-216-003-893

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70582

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 84

Primary Registration District No. 2161

File No. .....

Registered No. 45

FULL NAME OF CHILD Phoebe Howard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	7 (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Lorenzo Howard	FULL MAIDEN NAME	Martha Hillerand
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 7-23 1919 N R Wallentine
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1944

Z. Burnt Place

155-111-003-238

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70583

County of Bannock

City of Fund

No. ..... St.

Hospital .....

Registration District No. 84

Primary Registration District No. 2141

File No. .....

Registered No. 46

FULL NAME OF CHILD Peter Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	7-11-1919

FATHER		MOTHER	
FULL NAME	Peter Burt Jensen	FULL MAIDEN NAME	Katie Schenk
RESIDENCE	Fund	RESIDENCE	Fund
COLOR	W	COLOR	[illegible]
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Aston

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bancroft

Filed 7-14 1919 N. R. Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-D81-312

SOME ONE ADDED FATHERS
NAME + SEX TO THIS GIRL
SEE DUP 1919-D81-312

NOT

863-113-003-639

Form V. S. No. 11-G—Rev. 9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Heise

No. ..... St.

Hospital .....

Registration District No. 84 File No. 70584

Primary Registration District No. 2161 Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 13 1917

FATHER	MOTHER
FULL NAME Ransom Ashton Heise	FULL MAIDEN NAME Mary Louise Flinders
RESIDENCE Heise	RESIDENCE Heise
COLOR W	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ida	BIRTHPLACE Wyo
OCCUPATION Farmer	OCCUPATION Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ashton

Midwife (Physician or midwife)

Address Bonneville

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-14-19 J. P. Washburn Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

753-225-003-614

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70585

County of Bannock

City of Lund

No. ..... St.

Hospital .....

Registration District No. 84

File No. .....

Primary Registration District No. 2161

Registered No. 48

FULL NAME OF CHILD Dona Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	7-25 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Leroy Peterson	FULL MAIDEN NAME	Verda Hortense Waddoups
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 7-25 1919 N. R. Wallentine
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 3 1968

393-238-003-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84

File No. 70586

Primary Registration District No. 2161

Registered No. 49

FULL NAME OF CHILD Afton Titus

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	7-28-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert William Titus	FULL MAIDEN NAME	Harriet Ann Christensen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Ida
OCCUPATION	Oil Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bancroft

Filed 7-29-1919 N. R. Wallentine
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1943

JUN 1 1942

PLACE OF BIRTH [redacted]

County of Benew[redacted]

City or Town of

285-206-005-255

Registration Dist. No. 32

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No. 41 -

(No. ..... , ... St.; 70588 Ward)

FULL NAME OF CHILD Ruby May Byers

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✗		✗	yes	May (Month) 6th (Day), 1919 (Year)

FATHER		MOTHER	
Full Name	Luke Byers	Full Maiden Name	Annie Bennett
Residence	Tekoa, Wash. In Idaho	Residence	Tekoa, Wash In Idaho
Color	White	Color	White
Age at last Birthday	56 (Years)	Age at last Birthday	32 (Years)
Birthplace (State or Country)	North Carolina	Birthplace (State or Country)	Wis.
Occupation	Rancher.	Occupation	Housewife

Number of child of this mother 6th

Number of children, this mother, now living 6th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive ~~stillborn~~ † and that it occurred on May 6th, 1919, at 10 M.

(Signature) W. E. Abegglen D.O.

Physician (Physician or Midwife)

Address Tekoa Wash.

Filed Aug. 2, 1919 H E Hunt Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

✓ † Indicate which by drawing line through superfluous word.

[redacted]

JUL 15 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

965-214
006-417

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

70589

Registration District No. 116

Primary Registration District No. 2195

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	July 14 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Roy Irving Roney	FULL MAIDEN NAME: Pearl Maxwell
RESIDENCE: Sterling Ida	RESIDENCE: Sterling Ida
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Colorado
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

(Physician or ~~midwife~~)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/14 19 [illegible]

Registrar

JAN 25 1965

655--124-006-365

PLACE OF BIRTH

Form V. S. No. 11-C Rev-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70590

County of Bingham

City of Aberdeen

Registration District No. 116

File No.

No. St.

Primary Registration District No. 2195

Registered No. 406

Hospital

FULL NAME OF CHILD Carl Edward Wenger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 24 1919

FATHER	MOTHER
FULL NAME: Frank Lewis Wenger	FULL MAIDEN NAME: Anna Toevs
RESIDENCE: American Falls, Idaho,	RESIDENCE: American Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Kas.
OCCUPATION: Farmer. Janitor at hosp. temp.	OCCUPATION: House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 10, 1 P.M. on the date above stated.

(Signature) Richard F. Mott

(Physician or midwife)

Address American Falls Idaho.

Filed Aug 7 - 1919

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: Residence of Rev. John Toevs
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 4 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Aberdeen
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Aberdeen, Ida.

4. FULL NAME OF CHILD Carl Edward Wenger

5. Date of Birth of Child (Month, day, year) July 24, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank L. Wenger
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fortuna (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna S. Toevs
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Newton (City or town) Kansas (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. Richard F. Roth (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna S. Toevs Wenger ____ Signature
Aberdeen Idaho ____ P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19 42

(SEAL) M. D. Swinehart ____ Notary Public, residing at Aberdeen, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 11 1942

Received for filing on MAY 1 1942 by DEC 19 1950 ____ Registrar.

copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70591

County of Bingham

City of Aberdeen

No. 655-128-006-267 St.

Registration District No. 116

File No.

Primary Registration District No. 2195

Registered No. 407

Hospital

FULL NAME OF CHILD EARL MALCOLM WENGER

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ora Joel Wenger	FULL MAIDEN NAME	Olivia Kopps
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 45 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hoch

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls, Id

Filed 8/7 1919 [illegible]

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 70591

Date Filed

The undersigned does solemnly ~~swear~~ affirm that certain facts on the certificate of birth
(Birth or Death)
for Earl Malcolm Wenger who was born on July 28, 1919
(Name of Original Certificate) (Was Born or Died) (Date of Event)
in Aberdeen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by knowledge of the facts prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Earl Malcolm Wenger

Subscribed and ~~sworn~~ affirmed to before me this 23rd
day of April, 1943

J. T. A. Tingate
Notary Public, residing at Aberdeen, Idaho

My commission expires 10/7/45
(Seal)

Signed Olivia K. Wenger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly ~~swear~~ affirm that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of April, 1943

J. T. A. Tingate
Notary Public, residing at Aberdeen, Idaho

My commission expires Oct. 7, 1945
(Seal)

Signed Ira J. Wenger
(Signature of Any Credible Person Other Than Previous Year)

Aberdeen, Idaho
(Street Address, City, State)

JUN 8 1943

654-128-006-555

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70592

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 9

No. _____ St.

Primary Registration District No. 2195 Registered No. 408

Hospital _____

FULL NAME OF CHILD Franklin Maurice Wedel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Wedel	FULL MAIDEN NAME	Minnie Helen Enns
RESIDENCE	Aberdeen Idaho	RESIDENCE	Aberdeen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 11:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address American Falls, Idaho

Filed 8/7 1919 Minnie Kinney Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 2 11 37 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70592

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wedel (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1919 (Date of Event)

in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omittted	Franklin Maurice Wedel

Subscribed and sworn to before me this 10th day of July, 1972

Florence Cartright

Notary Public, residing at 4-26-76

My commission expires Perm

(Seal)

Signed Lois N Wedel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Own daughter's birth certificate on file in Idaho (File No. 49-12973) gives child's name as Mary Louise Wedel. Born Oct. 24, 1949. Gives father's name as Franklin Maurice Wedel. and Lois Marie Wenger. Viewed by V. S. AUG 3 1972

Social Security Card (518-18-5300) gives name as Franklin Maurice Wedel. Dated 11-15-38. Viewed by V. S.

Chris Cert. # 49-12973

652-109-025-695

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70593

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 33

FULL NAME OF CHILD Albert M. Wesley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 9 19

FATHER		MOTHER	
FULL NAME	Albert Wesley	FULL MAIDEN NAME	Matilda Finkbeiner
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Canada
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 8:40 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockline

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 31 1919 G. S. Stockline

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 12 1965 Bureau of Vital Statistics

State of Washington } ss.
County of Cowlitz

Certificate No. 70593

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wesley (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1919 (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Albert Michael Wesley

Subscribed and sworn to before me this 8th day of July, 1965

Notary Public, residing at Longview

My commission expires July 29 1967

(Seal)

Signed Dorothy M. Kowalski (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1528-9th Ave Longview, Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 1965

Notary Public, residing at Longview

My commission expires July 29 1967

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

603 Columbia St Kelso Wn.

(Street Address, City, State)

FORM DH 60-155 CL 7-1-65. one copy pd. rec. #16039.

called 7-19-65 and ask that name be added Albert M Wesley instead of Albert Michael Wesley - doc.'s sent in July 12, 1965 gave only middle initial-

JUL 19 1965

Military Record, Honorable Discharge grom U.S. Army, Nov. 18, 1945 gives full name as Albert M Wesley, born July 9, 1919 at Grangeville, Idaho - date of ~~induction~~ induction April 9, 1943 - viewed by V.S.

Certificate of Marriage, State of Washington, County of Skamania, married Nov. 21, 1956 gives full name of groom as Albert M. Wesley, born July 9, 1919 and full name of bride as Donna Smith, born Sept. 2, 1916 - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

719 - 219-025-555

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 70594

Primary Registration District No. 2181 Registered No. 32

FULL NAME OF CHILD Vera Flossie Parks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 19 1919

FATHER

FULL NAME Jack E Parks

RESIDENCE Grangeville

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Texas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Everard

RESIDENCE Grangeville

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Germany

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11-40 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 1 1919 G S Stricklin

Registrar

MAY 21 1962

815-206-039-469

PLACE OF BIRTH

County of Power

City of American Falls, Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70595

Registration District No. 25 — File No. 2

Primary Registration District No. 2072 Registered No. 89

FULL NAME OF CHILD Helen Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 6 1918

FATHER		MOTHER	
FULL NAME	Rasmus Hansen	FULL MAIDEN NAME	Julia Morgan
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Smithfield, Utah	BIRTHPLACE	Arbon Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. North

(Physician ~~or midwife~~)

Address American Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/9 1918 R. E. North Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 21 12 59 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70595

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Hansen (female) who was born on July 6, 1919 in American Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ....., are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Hansen

Subscribed and sworn to before me this 20 day of October, 19 75

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Helen Lucy White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

248 W. Ogden Nampa Idaho 83651
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Oct., 19 75

Notary Public, residing at Eagle
My commission expires June 1979
(Seal)

Signed Larry W. Walker
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/14/75

Diploma from Idaho Public Schools, Ada County gives name as Helen Hansen Dist. No.33. dated May 17, 1935. viewed by V. S.

OCT 2 9 1975

Application from Prudential Ins. Co. of American gives name as Helen Prescott born July 6, 1919. dated Oct. 15, 1964. viewed by V. S.

689 - 221 - 039 - 793

Form V. S. No. 11-C—2m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70597

County of Power

City of American Falls Registration District No. 25 File No. 2

No. ..... St. Primary Registration District No. 2012 Registered No. 91

Hospital .....

FULL NAME OF CHILD MARTHA ANNABELL WHISLER

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	July 21 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett Lambert Whistler	Sarah Gilbert
RESIDENCE	American Falls	American Falls
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 30	White / 30
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott (Physician ~~or midwife~~)

Address American Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/24 1917 Richard F. Nott Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA
County of SAN DIEGO } ss.

Certificate No. 70597

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for (UNNAMED) WHISTLER (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on July 21, 1919 (DATE OF EVENT)
in American Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Soc. Sec. #526-12-8038 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 6, 1938 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Martha Annabell "Whisler
Surname	Whistler	Whisler

Subscribed and sworn to before me this 25th day of March, 19 43

Notary Public, residing at San Diego County, Calif.
My commission expires Jan. 14, 1946
(SEAL)

Signed Sarah Whisler
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1528 Taft, National City, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SAN DIEGO } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of March, 19 43

Notary Public, residing at San Diego County, Cal.
My commission expires Jan. 14, 1946.
(SEAL)

Signed Everett L. Whisler
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1528 Taft, National City, Cal.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 2 7 1943

MAR 2 1 1972

314-218-039-619

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70598

County of Power

City of American Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 92

Hospital Bechany

FULL NAME OF CHILD Fern Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		yrs	July 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Woodruff Campbell	FULL MAIDEN NAME	Lucy Ware
RESIDENCE	American Falls Id	RESIDENCE	American Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls Ida

Filed 7/24 1919

R. F. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1942

413-115-025-384

PLACE OF BIRTH

County of Idaho

City of White Bird

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATIST[redacted]

11-C—25m-9-8-15

CERTIFICATE OF BIRTH

70599

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Walter Dewit Daly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 15 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Millard Fillmore Daly	FULL MAIDEN NAME	Ida May Trueblood
RESIDENCE	White Bird - Idaho	RESIDENCE	White Bird Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Putman Co Missouri	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at — M. on the date above stated.

(Signature) W. A. Hoskett

Physician (Physician or midwife)

Address White Bird

Filed Aug. 7-19.19 W. A. Hoskett Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No.
ICS

236 - 216 - 025 - 236

[redacted]

Form [illegible] S. No. 11-C—[illegible]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70600

County of Idaho

City of Boles

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD X Anna Mary Sloviaczek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X female			X March 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	X Michael Sloviaczek	FULL MAIDEN NAME	X Mary Sloviaczek
RESIDENCE	X Boles Idaho	RESIDENCE	X Boles Idaho
COLOR	X White	COLOR	X White
AGE AT LAST BIRTHDAY	X 35 (Years)	AGE AT LAST BIRTHDAY	X 40 (Years)
BIRTHPLACE	X Austria	BIRTHPLACE	X Austria
OCCUPATION	X Farmer	OCCUPATION	X Farmer

Number of child of this mother, including present birth X ..... Number of children of this mother now living, including present birth X .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X alive at X 4:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X [illegible]

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed April 1919 W. A. Foskett
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

This was returned for signa

253-223-042-765

Form V. S. No. 11-C—Rev. 8-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70601**

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No.

No. ..... St. — Primary Registration District No. 1085 — Registered No.

Hospital Twin Falls County

FULL NAME OF CHILD Margaret Elizabeth Betty

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	7 23 19

	FATHER	MOTHER
FULL NAME	Marion Patterson Betty	FULL MAIDEN NAME Mary Margaret Conway
RESIDENCE	454 N. Main	454 N. Main
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	[redacted], Kansas	Denver Colo
OCCUPATION	Lawyer	none

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Morgan M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed 8-7-1917 W. H. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70601

238-229-042-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No. 70602

No. ..... St. — Primary Registration District No. 1285 — Registered No. .....

Hospital Twin Falls Gen

FULL NAME OF CHILD Susan Jane Schuffgen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Thomas Schuffgen	Alice C. Thompson
RESIDENCE	Oakley Ida	Oakley Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Denver Colo	York Pa
OCCUPATION	Druggist	Nurse

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. R. Morgan

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed 7-11- 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299 - 202-042-263

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70604

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Beulah Braggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	7 7 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest G. Braggs	Ella Jane Bolton
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Illinois	Paris Ida.
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Clark

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-5-1917 W. G. Clark Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1967

689-201-042-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70605

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... FERN Whitzel .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	7 / 1 / 19 9

FATHER		MOTHER	
FULL NAME	Harry E Whitzel	FULL MAIDEN NAME	Bessie Fox
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive (Born alive or stillborn) ....., at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Cole

Physician

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 19 19

W. G. Cole

Registrar

MAR 20 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 70605

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for (Name on Original Certificate) who born (Was Born or Died) on July 1 - 1919 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Whitzel	Fern Whitzel

Subscribed and sworn to before me this 18th day of March, 1942

Notary Public, residing at Twin Falls

My commission expires January 16, 1944
(Seal)

Signed Mrs Bessie Whitzel (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

943-121-042-943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70606

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Rutter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/		/	Yes	6 – 21 – 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H D Rutter	FULL MAIDEN NAME	Valeria Rutter
RESIDENCE	Twin Falls Shoshone Falls	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Van Cott M. D.
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

.....19.....

Registrar

Filed 7-16-1919 W. F. Pike
Registrar

219-1-20-042-53-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Boyd Hospital St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70607

Form V. S. No. 1-O—Rev. 6-8-17

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Clarence Earnest Karney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male,			Yes	7 20 1919

FATHER	MOTHER
FULL NAME: Karney, Orva E.	FULL MAIDEN NAME: Brinton, Eva,
RESIDENCE: Jerome Idaho.	RESIDENCE: Jerome Idaho.
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas.	BIRTHPLACE: Kansas.
OCCUPATION: Farmer,	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 20th 1919 at 5.30 P.M. on the date above stated. (Born alive or stillborn) Caeserian Section.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Herbert C. Deane M.D.

Physician (Physician or midwife)

Address Boyd Bilding Twin Falls Idaho

Filed 7-28-1919 W. F. Pike Registrar

NOV - 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino }

Certificate No. 70607
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Clarence Earnest Karney (Name on original certificate) who Born (Was born or died) on July, 20, 1919 (Date of event)

in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Father & Mother (Bible record, insurance policy, etc.) prepared on June, 18, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Karney	Clarence ?Earnest Karney

Subscribed and sworn to before me this 18, day of June, 1942

C L Gossoway

Notary Public, residing at San Bernardino, Calif.

My commission expires My Commission Expires May 19, 1946

[SEAL]

Signed Nora Eva Brunton Karney (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1042 - 2nd St, San Bernardino, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California. } ss.
County of San Bernardino }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18, day of June, 1942

C L Gossoway

Notary Public, residing at San Bernardino, Calif

My commission expires My Commission Expires May 19, 1946

[SEAL]

Signed Ora Earnest Karney (Father)
(Signature of any credible person other than the previous affiant.)

1042 - 2nd St, San Bernardino, Cali
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOV 1 0 1942

799-121-04

PLACE OF BIR[redacted]

County of Twin Falls[redacted]

City of Twin Fall[redacted]

No. [redacted]

70608

70608

(If born in hospital or institution give [redacted] Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Ellen Grieve

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth July 21, 1919 (Month, Day, Year)
Female					

FATHER	MOTHER
9. Full name Charles E. Grieve	18. Full maiden name Mabel Annis Roberts
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
11. Color or race Wh | 12. Age at last birthday 33 (years)	20. Color or race Wh | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Plankington (6-1-86) S.Dakota	22. Birthplace (city or place) (State or Country) Allen Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 2:00 A. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W.F.Pike, M.D. W F Pike, M. D.

or ....., Midwife

Address Twin Falls, Idaho

Filed July 28, 1919, 193.. W.F.Pike W F Pike

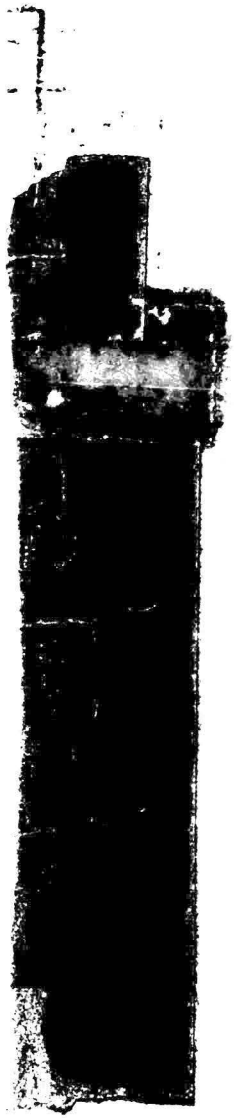
Registrar.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of mor... one child ...t birth a Separate Return must be made for each, and the number of each, in order of birth ...

cc 2-26-41 hec



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 336-224-043-219 St.

Registration District No. 37

File No. 70609

Primary Registration District No. 1085

Registered No.

Hospital Gen'l County Hospital

FULL NAME OF CHILD BETTY LOU Close

Sex Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 - 24 1919

FATHER		MOTHER	
FULL NAME	George Walter Close	FULL MAIDEN NAME	Agnes Leonore Barrington
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Rigby Ida	BIRTHPLACE	Greenfield S Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1-30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C D McGinnis

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Idaho

Filed 7/28 1919 W. F. Pike

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 70609

SEP 10 19

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Betty Lou Close

Subscribed and sworn to before me this 28th day of August, 1942

Elizabeth Goodman
Notary Public, residing at Salt Lake City

My commission expires May 9-1943
(Seal)

Signed Robert Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

S. L. City, Utah, uncle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 31 1942

SEP 11 1942

289-124-042-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70611

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Robert Earle Shipley.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. V. Shipley.	FULL MAIDEN NAME	Gertrude McCullough
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Iowa
OCCUPATION	Insurance	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed July 31 1919 W. F. Pike

Registrar

Registrar

12-12-41

236 - 116 - 042 - 356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70612

Registration District No. 37 File No. .....

Primary Registration District No. 1185 Registered No. .....

FULL NAME OF CHILD Donald Stoddard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 16 1917

FATHER		MOTHER	
FULL NAME	George B. Stoddard	FULL MAIDEN NAME	Grace Van Leuvaan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Filed 8-2-1919 W. F. Pike

Registrar

863-228-042-136

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 235 - 9N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 70613

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Hollingsworth ELEANOR JEAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Hollingsworth	FULL MAIDEN NAME	Emma Atwill
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Richtown, Ontario Canada
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Donchett

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Registrar

Filed 8-2-1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls, }

Certificate No. 70613

Date Filed 8-2-19

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 28, 1919 (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	--- Hollingsworth	Eleanor Jean Hollingsworth

Subscribed and sworn to before me this 20th
day of April, 19 42

Notary Public, residing at Twin Falls. Idaho

My commission expires June 1st 1948
(SEAL)

Signed Mrs. Hallie Hollingsworth
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

235 9th ave n. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, 19 42

Notary Public, residing at Twin Falls, Idaho

My commission expires June 1st 1945
(SEAL)

Signed George C. Wiley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

125 Shoshone st. No Twin Falls Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR
APR 28 1945

493-229-042-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-5-17

CERTIFICATE OF BIRTH

70614

County of Twin Falls

City of Twin Falls

No. 613-7th East St.

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

Hospital Twin Falls County Hospital

FULL NAME OF CHILD ~~Baby~~ Mitchell, Edna Letta

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	7-29-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John R Mitchell	Gertrude Hitesman
RESIDENCE	Twin Falls Ida	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Leete

Twin Falls Ida (Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8-4-1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Certificate of Blessing, Aug. 5, 1923, gives name as Edna Letta Mitchell viewed by V.S
Own Child's Birth Cert. Idaho Birth #395079, gives name as Edna Letta Mitchell, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake

Certificate No. 70614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Mitchell (Name on Original Certificate) who born (Was Born or Died) on July 29, 1919 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Baby Mitchell	Edna Letta Mitchell

Subscribed and sworn to before me this 6th day of August, 1958

Notary Public, residing at Salt Lake City Utah

My commission expires 10-8-58

(Seal)

Signed J R Mitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1908 So 6th East St. Salt Lake Ct., Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1958

Notary Public, residing at Salt Lake City Ut

My commission expires 10-8-58

(Seal)

Signed Chas R Done
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 NNCL 7-17-58 nm

OCT 7 1958

268-128-042-742

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Mustang Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital James Daniel Baby Boyle

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

70615

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 28 1919

FATHER		MOTHER	
FULL NAME	James R Boyle	FULL MAIDEN NAME	Anna Gustafson
RESIDENCE	Mustang Ida	RESIDENCE	Mustang
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Leete M.D.

Twin Falls Ida. (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-4-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-116-042-813

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls Hos

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 70616

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ..... Kenneth Sherriel Hodges

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	June 16 1919

FATHER	MOTHER
FULL NAME: Kenneth James Lee Hodges	FULL MAIDEN NAME: Zenia Hallett
RESIDENCE: Blue Lake Blvd	RESIDENCE: Blue Lake Blvd
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Salem, Mo.	BIRTHPLACE: Licking Mo
OCCUPATION: Farmer	OCCUPATION: Milliner

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-28-1919 W. F. Pike Registrar

DEC 18 1944

219-222-042-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 653 3rd Ave. East

Hospital

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70617

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Boby Baird

Sex of Child: Female | Twin, Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: July 27 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Harry Baird	FULL MAIDEN NAME	Lilah Day
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed 8-4-1919 W. F. Pike

Registrar

955-1H-042-433

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70618

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 11 1919

FATHER		MOTHER	
FULL NAME	Leonidas P Reed	FULL MAIDEN NAME	Millie McCarty
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Tex.	BIRTHPLACE	Tex.
OCCUPATION	Labr.	OCCUPATION	Hwf.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or~~ stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 8-7-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-111-042-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

70619

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Dale Scott Kunkel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dale D. Kunkel	FULL MAIDEN NAME	Ruth Chandler
RESIDENCE	Amsterdam - Ida.	RESIDENCE	Amsterdam - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles R. Scott

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls - Ida.

Filed 8-7-1919 W. F. Pike
Registrar

Registrar

5-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of TWIN FALLS }

Certificate No. 70619

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for (Name on original certificate) who was born (Was born or died) on July 11 – 1919 (Date of event)

in TWIN FALLS COUNTY (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Kunkle	Kunkel
		DALE SCOTT KUNKEL

Subscribed and sworn to before me this 19th day of November, 1941

Notary Public, residing at Twin Falls Ida

My commission expires 2-21-1945

[SEAL]

Signed Dale S Kunkel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed Ruby Dean
(Signature of any credible person other than the previous affiant.)

Hollister, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

122-117-042-335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mar. 8-8-17

CERTIFICATE OF BIRTH

70620

County of Twin Falls

City of

Registration District No. ~~Berger prct.~~ 87

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Fred Abbott Hills Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes,	7 17 1919

FATHER		MOTHER	
FULL NAME	Hills, ~~Fred~~ Abbott	FULL MAIDEN NAME	Gladys Belle Clemans ~~Hammond Gladys~~,
RESIDENCE	Twin Falls, Co. Idaho.	RESIDENCE	Twin Falls Co. Idaho
COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	South ~~North~~ Dakota.	BIRTHPLACE	So. Dakota.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 17, 1919, at 3.40 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drake M.D.

Physician. (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Registrar

Filed 8-4-1919 W. F. Pike Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 7062

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Fred Abbott Hills Jr (Name on Original Certificate) who was born (Was Born or Died) on July 17 - 1919 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 18 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Fathers birthplace	N. Dak.	S. Dakota
name	wrong given	
mothers maiden name	Gladys Hammond	Gladabelle Clemans

Subscribed and sworn to before me this 5th day of May, 1942.

F. C. Graves

Notary Public, residing at Twin Falls Idaho

My commission expires April 30 1946
(Seal)

Signed Fred A Hills
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R2. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1942.

F. C. Graves

Notary Public, residing at Twin Falls Idaho

My commission expires April 30 1946
(Seal)

Signed Gladys B. Hills
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 7 1942

MAY 1 1 1942

MAY 2 6 1942

819 - 206 - 042 - 912

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Rogerson

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 70621

Registered No. .....

FULL NAME OF CHILD Unnamed, Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes,	7 6 1919

FATHER		MOTHER	
FULL NAME	William O. Harris.	FULL MAIDEN NAME	Iris Rasor.
RESIDENCE	Rogerson, Idaho	RESIDENCE	Rogerson, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Harrisburg, Utah.	BIRTHPLACE	Kanabe Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 6th 1919, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD

Physicaim.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed July 14 1919 W. F. Pike
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-103-042-351

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 70622

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Haggardt, ROBERT FREDRICK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 3rd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Haggardt,	FULL MAIDEN NAME	Fern Teater
RESIDENCE	Berger, Ida.	RESIDENCE	Berger, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Stev Clouchek.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed 8-2-1919 W. F. Pike

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 15 1942 Certificate No. 70622
County of Twin Falls Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Robert Fredrick Haggardt (Name on original certificate) who was born (Was born or died) on July 3, 1919 (Date of event)

in Berger, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Haggardt	Robert Fredrick Haggardt

Subscribed and sworn to before me this 12th day of January 1942

R. B. Smith

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8, 1942.

[SEAL]

Signed Fern Teater Haggardt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant or [illegible] death record; or other credible person.)

Twin Falls Idaho - Route #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on JAN 15 1942 By
(Registrar's signature)

389-127-042-385 [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70623

County of Twin Falls

City of Hollister

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Christensen (Frederick Owen)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Wesley Christensen	FULL MAIDEN NAME	Clementine Cheney
RESIDENCE	Hollister, Ida	RESIDENCE	Hollister, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Ariz.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida

19

Filed Aug. 2 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

551-231-042-941

Form V.S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70625

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD MARY FRANCES Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Evans	FULL MAIDEN NAME	Tena Quast
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Closchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 8-2-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 2

County of Twin Falls }

Certificate No. 70625

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Evans (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on July 31 1919 (DATE OF EVENT)

in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Evans	Mary Frances Evans

Subscribed and sworn to before me this 26th day of January, 19 42

Signed x Thos A. Evans

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls Ida

R 1 Twin Falls, Idaho (STREET ADDRESS, CITY, STATE)

My commission expires Jan 13-1943.

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 136, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at (STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on JAN 29 1942 By (REGISTRAR'S SIGNATURE)

FEB 9 1342

[redacted] 385-12-027-285

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 37 File No. 70626

Primary Registration District No. 2285 Registered No. .....

FULL NAME OF CHILD ~~Baby Cheney~~ Keith Ellwood Cheney

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	July 25 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Thelbert Frank Cheney	FULL MAIDEN NAME: Nettie Kendall
RESIDENCE: Eden	RESIDENCE: Eden
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Washington
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8-4-1919 W. H. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
SEP 6 1965
Bureau of Vital Statistics

State of Oregon
County of Jackson } ss.

Certificate No. 70626

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cheney (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1919 (Date of Event)
in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Keith Ellwood Cheney

Subscribed and sworn to before me this 20th day of August, 1965

Notary Public, residing at Medford, Oregon
My commission expires 9-15-67
(Seal)

Signed Nettie C. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

531 Main St. Medford, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jackson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of August, 1965

Betty K. Ladd

Notary Public, residing at Central Point, Oregon
My commission expires Feb 28, 1968
(Seal)

Signed William D. Colledge
(Signature of Any Credible Person)

318 S. 2nd St Central Point, Ore
(Street Address, City, State)

FORM DH 60-155

CL 8-10-65. one copy pd. rec. #18459.

Court Order, State of Oregon, County of Klamath, dated Oct. 21, 1941 by Ralph S. Hamilton, Circut Judge, Order for change of name - name changed from Keith Ellwood Cheney to step-father's last name, making new name Keith Ellwood Williams - viewed by V.S. signed/

OCT 14 1965

State of Oregon, Federal Communications Commission Restricted Radiotelephone Operator Permit, dated Feb. 14, 1958 at Portland, Oregon RP. 13G5570 gives full name as Keith Ellwood Williams - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Owyhee

City of Glenn's Ferry

No. 259-223-037-266 St.

Hospital

Registration District No.

File No. 70627

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Genevieve Nadine Berry

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	yes	July 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Franklin Berry	FULL MAIDEN NAME	Anna Bowman
RESIDENCE	near Glenn's Ferry Idaho	RESIDENCE	Near Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 23 1919 at 12:20 A. M. on the date above stated.

(Born ~~alive or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M. D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

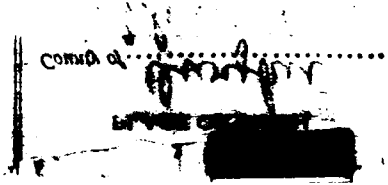
Address Glenn's Ferry Idaho

19

Registrar

Filed July 26 1919 J. W. Doris

Registrar



236-1219-0 20-
3 54

PLACE OF [redacted]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70628

County of Elmore
P.O.
City of Hill City

Registration District No. 35

File No.

No. St.

Amended 7/8/77

Primary Registration District No. 2021

Registered No.

Hospital

Full Name of Child Beulah C Stokes

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	June 19 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: James Britt Stokes	FULL MAIDEN NAME: Maud Laughlin
RESIDENCE: Hill City Ida	RESIDENCE: Hill City Ida
COLOR: White — AGE AT LAST BIRTHDAY: 47 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P Higgs
M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Fairfield

Filed July 10 1919 J. W. Davis M.D.
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

JUL 28 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 8 2 23 PM '77

State of ..... } ss.
County of ..... }

Certificate No. 70628

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Buhla C. Stokes (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1919 (Date of Event)

in Hill City (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Buhla	Reulah

Subscribed and sworn to before me this 8th day of July, 1977

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Grace E. Stokes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 1019 Grant Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Telephone call - no corresp. fc

Blue Cross-Blue Shield I.D. Card issued 10/1/68 Gives spelling of first name as Beulah. viewed by V.S.

JUL 8 1977

Baptismal certificate issued 17 June 1951 gives first name as Beulah. viewed by V.S.

769-104-025-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

~~Form V. S. No.~~ 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

70630

County of Idaho

City of Grangeville

Registration District No. 105

File No. 46

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Jacob Gortsema~~ Jake Ben Gortsema

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kryn Gortsema	FULL MAIDEN NAME	~~Sida Rosa~~ Sarda Rose
RESIDENCE	Grangeville Idaho.	RESIDENCE	Grangeville Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Mich. U.S.
OCCUPATION	Farming	OCCUPATION	~~Farming~~ Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P.M., on the date above stated.

(Signature) S. Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed July 5 1919

H B Blake
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1941

I Jacab Gortsema do hereby request that my name registered as Jacob Gortsema with the Department of Public Welfare,in state of Idaho,situated in Boise, be changed to Jake Ben Gortsema. The reason for this request being confusiom of mails with party with same name.

Signed Jake Gortsema.

State Of Idaho
County Of Idaho

On this 28th day of December in year1940 before me J.Ben Luehrs, A Notary Public in and for said County and State, personally appeared Jacob Gortsema, known to me to be the person whos name is subscribed to within instrument, and acknowledged to me that he executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my offical seal, the day and year in this certificate first written above.

70630 J. Ben Luehrs Notary Public

My commission expires on the 14th day of November 1944.

APR 20 1971

819-118-025-634

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70631

County of Idaho

City of Cottonwood Registration District No. 105 File No. 47

No. ~ St.

Primary Registration District No. 2183 Registered No.

Hospital ~

FULL NAME OF CHILD Raymond Chester Harrison

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		~	Yes	June 18 1919

FATHER	MOTHER
FULL NAME Adrian Harrison	FULL MAIDEN NAME Lois Oldham
RESIDENCE Cottonwood	RESIDENCE Cottonwood
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE N. Dak.	BIRTHPLACE Ida.
OCCUPATION Carpenter	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr
(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 1 1919

W B Burke
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25

DEC 24 1946

152-122-025-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70632

County of Idaho

City of Cottonwood Registration District No. 105 File No. 48

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD Howard Wallace Clark Jessup

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 22 1919

	FATHER	MOTHER
FULL NAME	Edward E. Jessup	Rose E. Frick
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Iowa	Portland, Ore.
OCCUPATION	Farming	Home wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Cornalius (Born alive or stillborn) at 9:00 P. M., on the date above stated.

(Signature) Dr Wesley F Orr

(Physician or midwife)

Address Cottonwood Ida.

Filed July 10 1919 N B Blake Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-209-025-522

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70633

County of Idaho

City of Kenterville

Registration District No. 105

File No. 49

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Amelia Forsmann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Forsmann	FULL MAIDEN NAME	Mary Esker
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12th Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed July 17 1919

H B Blake
Registrar

Registrar

417-116-025-255

PLACE OF BIRTH

County of Idaho

City of Kenterville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70634

Registration District No. 105 File No. 50

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Francis Joseph Mager

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Fred Mager	FULL MAIDEN NAME	Bertha Catherine Bensching
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cottonwood Idaho

Filed July 17 1919

H B Blake
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 9 1975

DECEASED

369-204-025-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70635

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 51

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Helen Josephene Lorentz.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	7 4 1919

FATHER		MOTHER	
FULL NAME	Jacob Lorentz	FULL MAIDEN NAME	Susan Lies
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho.

Filed July 18 1919 H. B. Blake

Registrar Registrar

FEB 3 1981

299-213-025-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—2Mm-8-8-17

70636

Registration District No. 105 File No. 52

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Margret Elizabeth Biern

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Peter J. Biern	FULL MAIDEN NAME	Anna Gies
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ellensburg Wash	BIRTHPLACE	Union City Oklm.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed July 19 1919

H. B. Blake
Registrar

Registrar

695-227-025-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70637

Registration District No. 105 File No. 53

Primary Registration District No. 2183 Registered No. 5

FULL NAME OF CHILD Gertrude Agatha Winkler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank G Winkler	FULL MAIDEN NAME	Anna M Krieger
RESIDENCE	Cottonwood, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood, Ida.

Registrar

Filed July 28 1919 H B Blake

Registrar

K

AUG 14 1942

413-102-025-494

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70638

County of Idaho

City of West Lake

Registration District No. 105 File No. 54

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Victor Carl Mathison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	July 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris Mathison	Katherine Drube
RESIDENCE	West Lake	West Lake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	23
BIRTHPLACE	Norway	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bom alive (Born alive or stillborn) at 8:30 P. M., on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood

Filed July 29 1919 H B Burke Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-103-025-759

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70639

Registration District No. 105 File No. 55

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Michael J. Wierer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Michael Wierer	FULL MAIDEN NAME	Fannie Geis
RESIDENCE	Green Creek	RESIDENCE	Green Creek.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood

Filed July 29 1919 H B Burke
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415 - 209 - 025 - 451

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70640

Registration District No. 105 File No. 56

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Virgie Manwaring

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Link Manwaring	FULL MAIDEN NAME	Julia Deardorff
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ore.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:00 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cottonwood

Filed July 29 1919 H B Blake

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-215-025-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70641

County of Idaho

City of Cottonwood Registration District No. 105 File No. 57

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD Frances Louise Sprute

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	July 15 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Sprute	FULL MAIDEN NAME	Katie Kuthers
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 P. M., on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood

Filed July 29 1919 H B Blake

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1948

DECEASED

865-217-025-254

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. — St.

Hospital —

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70642

Registration District No. 105 File No. 58

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Rosemary Ann Hoene

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— and —	—	Yes	July 17 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hoene	FULL MAIDEN NAME	Susie Seubert
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ills.
OCCUPATION	Hardware Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 10th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 A. M. on the date above stated.

(Signature) Dr Wesley F. Orr,

(Physician or midwife)

Address Cottonwood Idaho

Filed July 29 1919 H O Bare

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-122-025-764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70643

County of Idaho

City of Cottonwood Registration District No. 105 File No. 59

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Wesley Otto Sulzbugers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	1	yes	July 22 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Sulzbugers	Clara Groda
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	20 (Years)
BIRTHPLACE	Germany	Idaho
OCCUPATION	Ranching	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed July 29 1919 H B Burke

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1947

547-223-025-619

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70644

County of Idaho

City of Cottonwood Registration District No. 105 File No. 60

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD ~~Unnamed~~ Vivian Violet Nuxoll

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ally Nuxoll	FULL MAIDEN NAME	Agnes Farmer
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho

..... 19.....

Filed July 29 1919 H B Blake
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 23R JM 12-9

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

24

Place of Birth

City Cottonwood

Street and House No.

County Idaho

Registered No. 60

Registration Dist. No. 105

Sex of Child Female

Date of Birth July (MONTH) 23 (DAY) 1919 (YEAR)

Father Ally Russell (FULL NAME)

Mother Agnes Hamer (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Vivian Violet Russell (GIVEN NAME IN FULL) (SURNAME)

as reported by Mother (FATHER OR MOTHER)

H B Blake (LOCAL REGISTRAR)

254-101-025-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70645

County of Idaho

City of Cottonwood — Registration District No. 105 — File No. 61

No. — St. — Primary Registration District No. 2183 — Registered No.

Hospital —

FULL NAME OF CHILD Eugene Richard Seubert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Seubert	Anna Duclos
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Ills.	Iowa
OCCUPATION	Farming	House wife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 A. M. on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho.

Filed Aug 2 19 19 H B Blake Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-209-003-296

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70646

Registration District No. 8B

File No. .....

Primary Registration District No. 2046

Registered No. 1

FULL NAME OF CHILD Baby Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		4	Yes	May 9th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Elias Thomas	FULL MAIDEN NAME	Persis Amanda Brown
RESIDENCE	Downey, Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed May 19 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-202-003-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Registration District No. 83 File No. 70647

Hospital ____ Primary Registration District No. 2046 Registered No. ____

FULL NAME OF CHILD Mary Madalyn Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 2 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Frank B. Perkins	FULL MAIDEN NAME: Alberta Winifred Holschuh
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Colorado Springs, Colo.	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: salesman - Sweet Candy Co.	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Casper W. Pond, M.D.
(Physician or midwife)

Address Downey, Idaho

Filed July 1920 Casper W. Pond, M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-118-003-218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70648

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 3

FULL NAME OF CHILD Baby Burrups

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7-18-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Burrups	FULL MAIDEN NAME	Mary Salverson
RESIDENCE	Downey Idaho	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Downey Ida	BIRTHPLACE	Avon Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

..... Registrar

Filed July 19 19 Casper W. Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-210-003-296

PLACE OF BIRTH

Amended 7/3/79

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70649

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2046

File No. .....

Registered No. 4

FULL NAME OF CHILD Genevieve Wengreen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	7-10 191 9

FATHER		MOTHER	
FULL NAME	Carl Arthur Wengreen	FULL MAIDEN NAME	Edna Brown
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Murray Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W. Pond (Physician or midwife)

Address Downey Idaho

Filed July 19 19 Casper W. Pond M.D. Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAY 3 3 59 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 70649

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Wengreen (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1919 (Date of Event)
in Downey (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing & Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 3, 1979 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Genevieve Wengreen

Subscribed and sworn to before me this 3rd day of May, 1979

Helen M. Bullock
Notary Public, residing at McCammon, Ida.
My commission expires 11-18-82
(Seal)

Signed Genevieve Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1979

Helen M. Bullock
Notary Public, residing at McCammon, Ida.
My commission expires 11-18-82
(Seal)

Signed Gladys Brown
(Signature of Any Credible Person)

P.O. Box McCammon, Ida
(Street Address, City, State)

83250

FORM DH 80-155

Public school Diploma from Bannock, County, Idaho gives name as Genevieve Wengreeen. dated May 17, 1934. viewed by V. S.

JUL 3 1975

Marriage record from Utah gives names as Eldrid Leo Hall and Genevieve Wengreen. dated Nov 4, 1936. viewed by V. S.

612-106-003-219

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock.

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70650

Registration District No. 83 File No. .....

Primary Registration District No. 2046 Registered No. 3

FULL NAME OF CHILD ~~Baby~~ Wakley - Howard Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	7-10-19

FATHER		MOTHER	
FULL NAME	Geo. Willard Wakley	FULL MAIDEN NAME	Cora Barnes
RESIDENCE	Downey Idaho	RESIDENCE	Downey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Woodland Idaho	BIRTHPLACE	Kaysville Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ....., at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Casper W. Pond
(Physician or midwife)

Address Downey Idaho

Filed 7-17-1919

Casper W. Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/10/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-215-003-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70651

County of Bannock

City of Downey

Registration District No. 83

File No.

No. St.

Primary Registration District No. 2046

Registered No. 6

Hospital

FULL NAME OF CHILD BRENDA Van Orden

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	7—15—1917

FATHER		MOTHER	
FULL NAME	Harris O Van Orden	FULL MAIDEN NAME	Ingra Olson
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lewiston Ut.	BIRTHPLACE	Thatcher Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Cosper W. Pond

Physician
(Physician or midwife)

Address Downey Idaho

Filed July 19 19

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache

OCT 31 1941

Certificate No. 70651
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed Van Orden (Name on original certificate) who born (Was born or died) on July 15, 1919 (Date of event)
in Downey, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on July 15, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Van Orden	Brenda Van Orden

Subscribed and sworn to before me this 29th
day of October, 1941
Maria J. Peterson
Notary Public, residing at Smithfield, Utah
My commission expires Nov. 20, 1943
[SEAL]

Signed H. O. Van Orden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Smithfield Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of October, 1941
Maria J. Peterson
Notary Public, residing at Smithfield, Utah
My commission expires Nov. 20, 1943.
[SEAL]

Signed Marie Holgison
(Signature of any credible person other than the previous affiant.)
Smithfield Utah
(Street Address, City, State)

Received for filing on By

719-120-003-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70652

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83 File No. .....

Primary Registration District No. 2046 Registered No. 7

FULL NAME OF CHILD Baby Parris

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7-26-1919

FATHER		MOTHER	
FULL NAME	Lehi Parris	FULL MAIDEN NAME	Sarah Taylor
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Downey Ida	BIRTHPLACE	Weston Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....

Casper W. Powell
(Physician or midwife)

Address Downey Idaho

..... 19.....
Registrar

Filed Aug. 19 19

Casper W. Powell
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

736-204-003-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

No. ..... St.

Hospital .....

Registration District No. 8B

File No. 70653

Primary Registration District No. 2046

Registered No. 8

FULL NAME OF CHILD Glover, Mary LaRene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	7-4-1919

FATHER		MOTHER	
FULL NAME	Elgin Glover	FULL MAIDEN NAME	Mary Parris
RESIDENCE	Arimo Ida	RESIDENCE	Arimo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Lewiston, Ut.	BIRTHPLACE	March Center Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Bond
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug. 10 1919

Casper W. Bond
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1942

855-114-003-714

PLACE OF BIRTH

amend 1-13-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70654

County of Bannock

City of Swan Lake

Registration District No. 8B

File No.

No. St.

Primary Registration District No. 2046

Registered No. 9

Hospital

FULL NAME OF CHILD Ray G. Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	6-14 1919

FATHER

FULL NAME Geo. Merle Henderson

RESIDENCE Swan Lake Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Swan Lake Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Marie Gambles

RESIDENCE Swan Lake Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Swan Lake Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond (Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 19 19 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

1-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

JAN 11 1 54 PM '83

State of _____
County of _____ } ss.

Certificate No. 70654
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Henderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 14, 1919 (Date of Event)

in Swan Lake (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ray G. Henderson
childs sex	girl	boy
mothers first name	Nettie	Nellie

Subscribed and sworn to before me this 7th day of January, 19 83.

Notary Public, Vivian Sorensen

Residing at Downey Idaho.

My commission expires Nov 17, 1985

(Seal)

Ray G Henderson
Signature of Applicant

Swan Lake Idaho 83281
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Belva J. Hadley
Supporting Signature

Swan Lake, Ida 83281
Street Address, City, State

lcc pd

Honorable Discharge from U.S. Armed Forces gives Ray G Henderson born-male on 6-14-19 at Swan Lake, Idaho was discharged 12-4-45. Viewed by V.S.

Application for Life Insurance from National Public Ins Co. gives Ray G Henderson male born in Idaho on June 14, 1919 as applicant. Dated Sept 15, 1959. Viewed by V.S.

JAN 13 1983

LDS Church record of Blessing gives Nellie Marie Gambles born Feb 26, 1897 in Swan Lake, Idaho to William Dixon Gambles and Louisa Nellie Croshaw was blessed April 1897. Viewed by V.S.

LDS Church record of Baptism gives Nellie Marie Gambles born 2-26-1897 in Swan Lake, Idaho to William Dixon Gambles and Louisa Nellie Croshaw and was baptised June 3, 1905. Viewed by V.S.

819-227-003-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 8B

File No. 70655

Primary Registration District No. 2046

Registered No. 10

FULL NAME OF CHILD DONA Hardwick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	9	yes	5-27-1919

FATHER		MOTHER	
FULL NAME	Wm F. Hardwick	FULL MAIDEN NAME	Fransis Jackson
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Weston Ida.	BIRTHPLACE	Beaver Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Downey Idaho

Filed May 1919

Casper W. Pond
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 70655
County of Bannock } Date Filed July 6, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dona Hardwick (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1919 (Date of Event)
in Oxford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dona Hardwick

Subscribed and sworn to before me this sixth
day of July, 1942
Walter S Young
Notary Public, residing at Spreckels Calif (Postmaster)
My commission expires
(Seal)

SPRECKELS, CALIF. JUL 8 1942 REGISTERED

Signed Dona Hardwick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P. O. 205 - Spreckels Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of May, 1943
Leo Adrian
Notary Public, residing at Nampa Ida
My commission expires June 1943
(Seal)

Signed W. F. Hardwick
(Signature of Any Credible Person Other Than Previous Year)
108 Garland St
(Street Address, City, State) Nampa Ida

JUL 8 1942

SEP 17 1948

JUN

245-117-003-854

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70656

County of Bannock

City of Downey

Registration District No. 8B

File No.

No. St.

Primary Registration District No. 2046

Registered No. 11

Hospital

FULL NAME OF CHILD Jack Elwood Smedley

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
male	3 (To be answered only in event of plural births)	yes	5 (Month) 18 (Day) 17 (Year) 1919

FATHER		MOTHER	
FULL NAME	Dr. R. H. Smedley	FULL MAIDEN NAME	Louise Hedrick
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bountiful Ut.	BIRTHPLACE	Knoe Noster Missouri
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Bo~~ alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed May 17 1919

Casper W. Pond
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 70656

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for JACK ELWOOD SMEDLEY (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 17, 1919 (DATE OF EVENT)
in Downey, Idaho (PLACE OF EVENT), are erroneous [illegible]; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 1, 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Birthdate	May 18, 1919	May 17, 1919

Subscribed and sworn to before me this 21st
day of January, 1943

Notary Public, residing at Burley, Idaho
My commission expires April 7, 1945.
(SEAL)

Signed Dr. R. E. Smedley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
145 North Burton Ave., Burley, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of January, 1943

Notary Public, residing at Burley, Idaho
My commission expires April 7, 1945
(SEAL)

Signed Jim Moore
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
244 So. Miller
(STREET ADDRESS, CITY, STATE)
Burley Ida

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 22 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-226-003-289

PLACE OF BIRTH — name added 4/14/81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70657

County of Bannock

City of Downey

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2046

Registered No. 12

Hospital

FULL NAME OF CHILD Gwen Bowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		4	Yes	5-26-19

FATHER		MOTHER	
FULL NAME	Frank Bowman	FULL MAIDEN NAME	Ethel Shreves
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Richmond Ut.	BIRTHPLACE	London England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Caspar W. Pond

(Physician or midwife)

Address Downey Idaho

Filed May 19 19

Registrar

1-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 29 1 09 PM '81

State of Utah
County of Salt Lake } ss.

Certificate No. 70657
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bowman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-26-19 (Date of Event)

in Downey (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Gwen Bowman

Subscribed and sworn to before me this 21st day of January, 1981.

Notary Public, Glynn Kimball
Residing at Salt Lake City Ut.
My commission expires 2-14-82
(Seal)

Gwen Bowman Long
Signature of Applicant

2549 Park St Salt Lake City Ut
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1981.

Notary Public, Glynn Kimball
Residing at Salt Lake City Ut.
My commission expires 2-14-82
(Seal)

Della LaVon Bowman Cornia
Supporting Signature
Sister

2545 Park St. Salt Lake city Utah 84106
Street Address, City, State

1 cc pd

Copy of Blessing from LDS Church gives name as
Gwen Bowman daughter of Frank Bowman
& Ethel Shrivers. Born May 26, 1919 at Cambridge, Idaho.
Blessed in 1919. (Blessing is duplicate). viewed by VS

APR 17 1981

Family Group record for Francis Bowman & Ethel Minnie
Shrives. Child's name as Gwen Bowman born
May 26, 1919 in Cambridge, Idaho. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-226-003-719

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70658

County of Bannock

City of Virginia

No. ..... St.

Registration District No. 22

File No. .....

Primary Registration District No. 2046

Registered No. 13

Hospital .....

FULL NAME OF CHILD [redacted] Marshall Lillian Anne

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	6-26-19

FATHER

FULL NAME Porter Ann Marshall

RESIDENCE Virginia Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Vanaker Mo.

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Laura Parks

RESIDENCE Virginia Ida

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Norchow Mo

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond
(Physician or midwife)

Address Downey Idaho

Filed June 19 19

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

8 - 13 - 41.

Amended June 9, 1933

PLACE OF BIRTH

813-114-003-766

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Oxford
No. ____ St.
Hospital ____

Registration District No. 88 File No. 70659
Primary Registration District No. 2046 Registered No. 14

FULL NAME OF CHILD MYRON HATCH
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				yes	6 14 1919

What bacteriedal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Edwin P. Hatch	FULL MAIDEN NAME	Ethel Goock
RESIDENCE	Oxford, Ida.	RESIDENCE	Oxford, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oxford, Ida.	BIRTHPLACE	Oxford, Ida.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Casper W. Pond

(Physician or midwife)

Address Downey, Idaho

Filed June 1919 Casper Pond
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of County } ss.

Certificate No. 70659
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Myron Hatch (Name on Original Certificate) who Born (Was Born or Died) on June 14, 1919 (Date of Event) in Swan Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on July 8, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Myron Hatch

Subscribed and sworn to before me this 15th day of March, 1943.
N J Lewolstow
~~Notary Public~~, residing at Logan Ut
My commission expires
(Seal)

Signed Farrell G. Hatch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paradise Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1943.
N J Lewolstow co clerk
~~Notary Public~~, residing at Logan Ut
My commission expires
(Seal)

Signed Esther L. Nielsen
(Signature of Any Credible Person Other Than Previous Year)
Hyrum Utah
(Street Address, City, State)

MAR 20 1943

JUN 10 1953

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 70659

Date Filed June 5, 1953

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Myron Hatch (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1919 (Date of Event)
in Swan Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child,	girl	MALE

Subscribed and sworn to before me this 5th day of June, 19 53

Notary Public, residing at Idaho Falls, Idaho
My commission expires February 6, 1956
(Seal)

Signed Ruby Call
(Signature of parent or attendant if correcting a birth record; of attendant funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 19 53

Notary Public, residing at Idaho Falls, Idaho
My commission expires February 6, 1956
(Seal)

Signed Lloyd E. Hill, Bishop
(Signature of Any Credible Person)

Route # 1, Idaho Falls, Idaho
(Street Address, City, State)

DPH 52.155

1 c. pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital ..... MYRON

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70659

Registration District No. 28 File No. .....

Primary Registration District No. 2046 Registered No. 14

FULL NAME OF CHILD Baby Hatch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	6-14-191?

FATHER	MOTHER
FULL NAME Edwin V. Hatch	FULL MAIDEN NAME Ethel Booch
RESIDENCE Oxford Ida	RESIDENCE Oxford Ida
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Oxford Ida	BIRTHPLACE Oxford Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W. Pond (Physician or midwife)

Address Downey Idaho

Filed ..... 19.....

Casper Pond Registrar

493-222-003-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70660

County of Bonneville

City of Swan Lake

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2046

Registered No. 15

Hospital

FULL NAME OF CHILD Baby Millard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				Yes	6-22-19

FATHER

FULL NAME Wm Henry Millard

RESIDENCE Swan Lake

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Preston Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Jones

RESIDENCE Swan Lake

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Lewiston Ut

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Casper W. Pond

(Physician or midwife)

Address Downey Idaho

Filed June 19 19

Registrar

Casper W. Pond

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1968

DECEASED

141-111-003-455 Child's name added 4-13-90 MCM

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo Ida.

Registration District No. 88 File No. 70661

No. ..... St.

Primary Registration District No. 40.46 Registered No. 16

Hospital .....

FULL NAME OF CHILD ~~Baby~~ RAYMOND PACKER ADAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m				Yes	6-11-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edsel Hyrum Adams	Nessie Meecham
RESIDENCE	Arimo Idaho	Arimo Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Kaysville Ut.	Riverdale Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....
Casper W. Pond
(Physician or midwife)

Address Downey Idaho

Filed Jesse 19 19 Casper W. Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

2-26-90

APR 2 1990

VITAL STATISTICS UNIT

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Yuba } ss.

Certificate No. 70661
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Adams (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 11, 1919 (Date of Event)

in Arenio (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Adams	Raymond Packer Adams

Subscribed and sworn to before me this 29th day of March, 1990.

X Notary Public, Jean Hogan

Residing at 613 D Street, Marysville CA 95901

My commission expires 11-91

Seal: JEAN HOGAN NOTARY PUBLIC-CALIFORNIA YUBA COUNTY MY COMM. EXP. FEB. 16, 1991

Raymond P. Adams
Signature of Applicant

6721 S. Barrett Rd. Yuba City CA 95991
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

LDS blessing certificate shows Raymond Packer Adams born June 11, 1919 at Marsh Center to Edsiel H Adams & Nessie Packer and blessed July 6, 1919 by Edsiel H Adams. Viewed by VS.

APR 1 3 1990

LDS baptism certificate shows Raymond Packer Adams born June 11, 1919 in Marsh Valley to Edsel Hyrum Adams & Nessie Mecham Packer and baptized Sept 4, 1927 by Edsel Hyrum Adams. Viewed by VS.

399-220-003-75-8

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 88

File No. 70662

Primary Registration District No. 2046

Registered No. 17

FULL NAME OF CHILD Baby Trejo

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	6-20-1917

FATHER		MOTHER	
FULL NAME	Chester B Trejo	FULL MAIDEN NAME	Minnie Gehring
RESIDENCE	Downey Idaho	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Downey Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W. Pond (Physician or midwife)

Address Downey Idaho.

Filed June 19 19

Casper W. Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-108-003-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake Ida Registration District No. 83 File No. 70663

No. ..... St. Primary Registration District No. 2046 Registered No. 18

Hospital .....

FULL NAME OF CHILD Baby Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6-8 1919

FATHER		MOTHER	
FULL NAME	Lester W Henderson	FULL MAIDEN NAME	Millie Pratt
RESIDENCE	Swan Lake Ida	RESIDENCE	Swan Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Swan Lake Idaho	BIRTHPLACE	Downey Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

..... Registrar

Filed July 1919 Casper W. Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.814-101-003-692

Amended 9-12-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70664
Local Reg. No. 19
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Lake, Idaho

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho
b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Lake

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Ocie
b. (Middle): Jay
c. (Last): Hadley

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___

5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___

6. DATE OF BIRTH (Month) (Day) (Year): 6 - 1 - 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Rich
b. (Middle):
c. (Last): Hadley

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Swan Lake, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lillie
b. (Middle): Victoria
c. (Last): Fisher

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oxford, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 29, 1919

22. REGISTRAR'S SIGNATURE: Casper W. Pond

23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a test for phenylketonuria performed? YES ___ NO ___ APPROXIMATE DATE ___

...ION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 70664
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ocie Jay Hadley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 1, 1919 (DATE OF EVENT)
in Swan Lake Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 1, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Hadley	Ocie Jay Hadley
name of mother	Lillie Victory Fisher	Lillie Victoria Fisher

Subscribed and sworn to before me this 11th
day of February 1942

Notary Public, residing at Logan Utah

My commission expires April 13, 1943
(SEAL)

Signed Rich Hadley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

96 West 5th So. Logan Utah.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of February, 1942

Notary Public, residing at Logan, Utah

My commission expires Mar. 13, 1945
(SEAL)

Signed Thos R. Hadley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 12 1942 By
(REGISTRAR'S SIGNATURE)

SEP 12 1967

MAY 14 1942

1-4-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70664

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ocie Jay Hadley (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1919 (Date of Event)

in Swan Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	girl	Male

Subscribed and sworn to before me this 4 day of January, 1967

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires September 28, 1968

(Seal)

Signed Grace F. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

427-28th St. Ogden Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1967

Doyal Brandt Reed

Notary Public, residing at Salt Lake City, Ut.

My commission expires 8-29-70

(Seal)

Signed Mrs Carroll F. Hadley

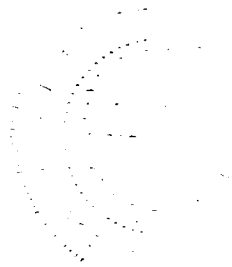
(Signature of Any Credible Person)

123 West Fayette Ave. Murray Ut.

(Street Address, City, State)

FORM DH 60-155 1 cp fd rec #4992

L.D.S. Church Certificate of Birth, ~~enetered~~ entered on record November 2, 1919 gives full name as Ocie Jay Hadley, male child, born June 1, 1919 at Swan Lake, Idaho to Rich Hadley and Lillie Fisher - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70664

County of Bannock

City of Swan Lake

No. Idaho St.

Registration District No. 88

File No.

Primary Registration District No. 2046

Registered No. 19

Hospital

FULL NAME OF CHILD [redacted] Hadley - Ocie Jay

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			8	Yes	6-1- 191 9

FATHER		MOTHER	
FULL NAME	Rich Hadley	FULL MAIDEN NAME	Lillie Victoria Fisher
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Swan Lake Idaho	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Casper W. Pond
(Physician or midwife)

Address Downey, Idaho

Filed July 29 1919

Registrar

295-228-003-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey Ida

Registration District No. 8B

File No. 70665

No. ..... St.

Primary Registration District No. 2046

Registered No. 20

Hospital ..... BERTHA OLIVE

FULL NAME OF CHILD ~~Baby~~ Kingsford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	4	Yes	5-28-1919

FATHER		MOTHER	
FULL NAME	Leonard Kingsford	FULL MAIDEN NAME	Ella Viola Bingham
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Ogden Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed May 19 19

Casper Pond Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 70665
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Bertha Kingsford (Name on original certificate) who was born (Was born or died) on May 28-1919 (Date of event)
in Downey Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on May 28-1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	omitted	Bertha Olive Kingsford

Subscribed and sworn to before me this 8th
day of July, 1941
E. H. Brunner
Notary Public, residing at Boise Idaho
My commission expires Sept. 20, 1941
[SEAL]

Signed L. Kingsford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1809 W. Bannock, Boise, Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

843:107-003-133

PLACE OF BIRTH

County of Bannock

City of Downey Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 88 File No. 70666

Primary Registration District No. 2046 Registered No. 21

FULL NAME OF CHILD Jack Allen Hutchings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	3-7- (Month) (Day) 191.9 (Year)

FATHER		MOTHER	
FULL NAME	Orrin H. Hutchings	FULL MAIDEN NAME	Covia Allen
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Beaver Ut.	BIRTHPLACE	Portsmouth Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W. Pond (Physician or midwife)

Address Downey Idaho

Filed March 19 K. Casper W. Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-225-003-714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Registration District No. 83 File No. 70667

Primary Registration District No. 2044 Registered No. 22

Hospital .....

FULL NAME OF CHILD DOROTHY IDA Hatch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	7-25-19

FATHER		MOTHER	
FULL NAME	Geo. E. Hatch	FULL MAIDEN NAME	Elsie Tanner
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	West Lebanon N. H.	BIRTHPLACE	Webster N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ....., at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Cosper W. Pond

(Physician or midwife)

Address Downey Idaho

Filed 7-28 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 70667
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Dorothy Ida Hatch (Name on original certificate) who was born (Was born or died) on 7-25-1919 (Date of event) in Hawkins, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on 7-25-1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Baby Hatch	Bannock County, instead of Girmo ~~County~~ in Hawkins

Subscribed and sworn to before me this 2nd day of October, 1941

Julia Vanderlie
Notary Public, residing at Baldwin Park, Calif
My commission expires Aug. 30-1944
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
George E. Hatch Father
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 1941

Julia Vanderlie
Notary Public, residing at Baldwin Park Calif
My commission expires Aug. 30-1944
[SEAL]

Signed George E. Hatch Father
(Signature of any credible person other than the previous affiant.)
600 N. Stewart St. Baldwin Park, Calif
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

632-228-003-962

PLACE OF BIRTH amend 12-14-81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital ..... ,

Registration District No. 83 File No. 70668

Primary Registration District No. 2046 Registered No. 23

FULL NAME OF CHILD Nona Aleen Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	7-28 19[illegible]

FATHER	MOTHER
FULL NAME [illegible] Olsen	FULL MAIDEN NAME Pearl Robbins
RESIDENCE Downey Ida	RESIDENCE Downey Ida
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Snowville Ut	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 37 (Years)
	BIRTHPLACE Snowville Ut
	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W. Pond

Physician

(Physician or midwife)

Address Downey Idaho

Filed 7-28 19 19 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-15-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 11 2 30 PM '81

State of _____ } ss.
County of _____

Certificate No. 70668
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Olsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-28-19 (Date of Event)

in Downey (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	X NONA AleEN OLSEN

Subscribed and sworn to before me this 1st day of December 7, 19 81

Notary Public, [signature]
Residing at 1580 Clover Dale Rd.
My commission expires Oct. 16, 1983
(Seal)

X Nona O Smith
Signature of Applicant

355 Alta View Drive
Street Address, City, State
MIDVALE, UTAH 84047

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Cert of Blessing from LDS Church gives Nona Aleen Olsen born 7-28-19 in Virginia, Idaho to Adolph L Olsen and Pearl Robbins was blessed 10-12-19. Viewed by V.S.

DEC 14 1981

Cert of Baptism from LDS Church gives Nona Aleen Olsen born 7-28-19 at Virginia, Idaho to Adolph Olsen and Pearl Robbins was baptised 8-6-27. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-129-003-456

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83 File No. 70669

Primary Registration District No. 2046 Registered No. 24

FULL NAME OF CHILD Kingsford, Dean Willard

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	7-29-19

FATHER		MOTHER	
FULL NAME	Willard Kingsford	FULL MAIDEN NAME	Verna Dewey
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Downey Ida
OCCUPATION	Salesman Imp. Co	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ....., at 9 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

..... Physician
(Physician or midwife)

Address Downey Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-31-1919

Casper W. Pond
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of San Bernardino }

Certificate No. 70669
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Kingsford (Name on original certificate) who was born (Was born or died) on July 29, 1919 (Date of event)
in Downey (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Records (Bible record, insurance policy, etc.) prepared on July 29, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	omitted	Dean Willard Kingsford

Subscribed and sworn to before me this 23
day of June, 1941
Ed I Durand
Notary Public, residing at Irona

Signed Willard Kingsford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Irona, Calif
(Street Address, City, State)

My commission expires My Commission Expires August 9, 1941
[SEAL]

NOTARY PUBLIC
State of California

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-128-003-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70670

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83 File No. .....

Primary Registration District No. 2046 Registered No. 25

FULL NAME OF CHILD Baby Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	7-28-19

FATHER		MOTHER	
FULL NAME	Harvey Stone	FULL MAIDEN NAME	Lucile Bowman
RESIDENCE	Downey Idaho	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Richmond Ut
OCCUPATION	Power House	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 12 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

..... Registrar

Filed 6-4-19 Casper W. Pond Registrar

366-104-003-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83 File No. 70671

Primary Registration District No. 2446 Registered No. 26

FULL NAME OF CHILD Baby Lowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	6	Yes	8-4-1917

FATHER		MOTHER	
FULL NAME	James E Lowe	FULL MAIDEN NAME	Nora Newbold
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	Smithfield Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 4 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

Physician

(Physician or midwife)

Address Downey Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8-4 1917

Casper W Pond

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-119-003-843

[redacted]. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70672

County of Bannock

City of Downey

No. ..... St.

Registration District No. 83 File No. .....

Primary Registration District No. 2044 Registered No. 27

Hospital .....

FULL NAME OF CHILD James Franklin Beckstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2-19 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percy Norman Beckstead	Leona Lucinda Hutchings
RESIDENCE	Downey Ida.	Downey Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Brigham City Ut.	Bears City Ut.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Downey Ida.

Given names added from a supplemental report.

..... 19.....

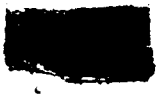
..... Registrar

Filed 8-8 1917 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



318 - 117 - 063 - 219

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

70673

Registration District No. 63 File No. .....

Primary Registration District No. 2046 Registered No. 25

FULL NAME OF CHILD Frances Pershing Taylor

Sex of Child: m

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2-17 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Sylvester Jay Taylor	FULL MAIDEN NAME: Jassie Anna Bair
RESIDENCE: McCammon Ida	RESIDENCE: McCammon Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Fairview Ida	BIRTHPLACE: Richmond Ut
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) [signature]
Physician
(Physician or midwife)

Address Downey Ida

Filed 8-8 1919

[signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-202-003-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

File No. 70674

Primary Registration District No. 2046

Registered No. 29

FULL NAME OF CHILD ~~[illegible]~~ RETA Elizabeth Hewitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3-2-1919

FATHER		MOTHER	
FULL NAME	Jackson Geo Hewitt	FULL MAIDEN NAME	Lottie March
RESIDENCE	Downey Ida	RESIDENCE	Downey Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cider Rapids Ida	BIRTHPLACE	Willard Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cassie Maud

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey Ida

Registrar

Filed 8-8 1919

Cassie Maud
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan } ss.
County Wayne }

Certificate No. 70674

Date Filed Mar. 4. 1943

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR [redacted]) for Rita Elizabeth Hewitt (NAME ON ORIGINAL CERTIFICATE) who March (WAS BORN OR [redacted]) on 2, 1919 (DATE OF EVENT) in March Center (PLACE OF EVENT) Idaho are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts as shown by not filed at time of birth (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", [redacted])	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mary	Rita Elizabeth Hewitt

Subscribed and sworn to before me this 4th day of March, 1943

Chas Shelton

Notary Public, residing at Detroit, Mich

My commission expires Oct 22, 1944,

(SEAL) City of Wayne

Signed Ruth M Hewitt Henderson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

15762 Marlowe

(STREET ADDRESS, CITY, STATE) Detroit, Mich

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of March, 1943

J. E. Bain

Notary Public, residing at Brigham, Utah

My commission expires Oct. 20, 1943

(SEAL)

Signed Lottie Elizabeth Hewitt Woodward

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Brigham R.F.D. no 2

(STREET ADDRESS, CITY, STATE) Utah

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 2 7 1967

FEB 2 4 1945

MAR 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 111 003 - 266

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 70675

Primary Registration District No. 2046 Registered No. 31

FULL NAME OF CHILD Baby Barfus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	2-11-1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno A Barfus	May Bowman
RESIDENCE	Downey Ida	Downey Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Mink Creek Ida	Richmond Ut
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

..... Registrar

Filed 8-8 19 19 [signature] Registrar

312-217-003-962

Amended 9/28/79

Form V. S. No. 11-C—25m-0-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

File No. 70676

Primary Registration District No. 2046

Registered No. 31

FULL NAME OF CHILD Alicia Lake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2-17 1919

FATHER		MOTHER	
FULL NAME	James Robert Lake	FULL MAIDEN NAME	Elinor Rosdale
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Clarkston Ut.	BIRTHPLACE	Millville ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed 8-8 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 70676
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Lake (~~Male~~) FEMALE (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 17, 1919 (Date of Event)

in Downey, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Alicia Lake
sex of child	male	female
father's first name	Jas	James

Subscribed and sworn to before me this 10 day of Aug. 1979

Notary Public Lyle Leali

Residing at Box 45, Inkom, Idaho

My commission expires 9-1980

(Seal)

Alicia Lake Knutson
Signature of Applicant

2656 N Main Pac. Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of Davis } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of April, 19 79

Notary Public Thelma M Parrish

Residing at Fruit Heights Utah

My commission expires 7-10-82

(Seal)

Roy A Lake
Supporting Signature

740 Desmond Layton Ut
Street Address, City, State
84041

CL 4/9/79

Certifof Birth from the LDS Church gives name as Alicia Lake bonr Feb 17, 1919 at Cambridge, daho. father'sname as James R. Lake and Elnora Rosdahl. entered on record April 6, 1919. viewed by V. S.

SEP 28 1979

Own daughter's birth certif on file in Idaho (#409523 gives child's name as DeVonna Kay Knutson born March 18k 1939 to John Albert Knutson and Alicia Lake. ~~fi~~ Viewed by V. S.

296-216-003-282

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 83 File No. 70677

Primary Registration District No. 2046 Registered No. 32

FULL NAME OF CHILD ..... Helen Browning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	2-16 1919

FATHER		MOTHER	
FULL NAME	Fred Jos Browning	FULL MAIDEN NAME	Myrtle Bybee
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE	Lewiston Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Downey Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 8 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-106-003-389

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70678

County of Bannock

City of Downey
Name added 5-12-80

No. ..... St.

Registration District No. 83

File No. .....

Primary Registration District No. 2046

Registered No. 33

Hospital .....

FULL NAME OF CHILD DONALD HEZEKIAH Byington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	2-6-1919

FATHER		MOTHER	
FULL NAME	Royal Elliot Byington	FULL MAIDEN NAME	Ethel V Christenson
RESIDENCE	Downey Id	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Downey Ida	BIRTHPLACE	Hoope Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

Filed 8-8 1919

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

k8
10/22/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 2 19 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 70678

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Baby Byington (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1919 (Date of Event)

in Downey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Byington	Donald Hezekiah Byington

Subscribed and sworn to before me this 12th day of May, 1980

Florence Curtright
Notary Public, residing at Boise, Idaho
My commission expires Lifetime
(Seal)

Signed Marynose Byington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 cp Pd Rec # 04708

Certificae of Ordination to the Holy Priesthood certified that Don Hezikiah Byington was ordained a Elder in the L.D.S. Church on July 4, 1943.
Viewed by V.S. This record also gives father as Royal E. Byington and mother as Ethel L. Christensen. Born FEb. 6, 1919 Baptized July 3, 1927 and Confirmed July 3, 1927.
Viewed by V.S.

Application for License to Marry in the State of Utah gives name ad Donald Hezekiah Byington married to Maryrose Ruth . Application dated July 27, 1943. This record also lists birthdate as Feb. 6, 1919, at Downy, Idaho.
Viewed by V.S.

219-225-003-759

PLACE OF BIRTH

County of Bannock.

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70679

Registration District No. 83 File No. .....

Primary Registration District No. 2046 Registered No. 34

FULL NAME OF CHILD Bada Ellen Barger

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	2-25 1917

FATHER		MOTHER	
FULL NAME	Samuel Jasper Barger	FULL MAIDEN NAME	Lillie Pierce
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oxford Ida	BIRTHPLACE	Benson Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Downey Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8-8 1917

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70682

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Doyle Gordon Fullmer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Fullmer	FULL MAIDEN NAME	Rhoda May Cameron
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

*Number of child of this mother, including present birth 4th *Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed July 10 1919

W. B. West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/9/41. w.h.

MAY 12 1967

253-117-022 =236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C ~~26m-9-8-17~~

Registration District No. 49

Primary Registration District No. 2117

File No. 70683

Registered No. .....

FULL NAME OF CHILD Wales Franklin Tilley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 7 1917

FATHER		MOTHER	
FULL NAME	Wales Tilley	FULL MAIDEN NAME	Ophelia Claudine Stoddard
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Wright

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 1 1919

Registrar

147-212-029-331

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 920 Pine St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-8-8-17

CERTIFICATE OF BIRTH

70684

Registration District No. 65

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Lola Viola Auger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	?		?	yes	July 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd D Auger	FULL MAIDEN NAME	Nina Elsie Clark
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Min
OCCUPATION	Shipping clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S Hein MD

(Physician or midwife)

Given names added from a supplemental report.

Address Palouse Wash

19

Registrar

Filed July 15 1919 Dr. J. M. Thompson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 70684
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lola Viola Augir (Name on original certificate) who was born (Was born or died) on July 12 - 1919 (Date of event)
in Potlatch Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mother's Name	Nina Johnson	Nina Elsie Clark

Subscribed and sworn to before me this 5th day of December, 1941

Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho My Commission Expires Dec. 3, 1944

My commission expires
[SEAL]

Signed Lloyd D Augir
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1941

Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho My Commission Expires Dec. 3, 1944

My commission expires
[SEAL]

Signed Archie L Clark
(Signature of any credible person other than the previous affiant.)

R F Garfield W
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 1941

623-113-029-689

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70685

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Wilbur. Gustave Osterlund.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓	✓	Yes.	July. 13 1919

FATHER

FULL NAME: Conrad Osterlund.

RESIDENCE: Potlatch.

COLOR: White. AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Sweden.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Nellie. Whitney.

RESIDENCE: Potlatch.

COLOR: White. AGE AT LAST BIRTHDAY: 24. (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Dr. J. W. Thompson.

M. D.

(Physician or midwife)

Address Potlatch

Filed July 15 1919. Dr. J. W. Thompson Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

243-225-029-256

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70686

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

Primary Registration District No. 2145

File No. .....

Registered No. .....

FULL NAME OF CHILD Loretta Bull.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes.	May 25. 1919

FATHER		MOTHER	
FULL NAME	Abe Bull.	FULL MAIDEN NAME	Lucille Knowles.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. Jr. Thompson.

M.D.

(Physician or midwife)

Address Potlatch

Filed July 16 19 19. D. Jr. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-363395

296-216
029-306
Amended 6-13-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70687
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marjorie b. (Middle): Evelyn c. (Last): Browning

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): April 16, 1919

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): c. (Last): Browning

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Eva b. (Middle): c. (Last): Thomas

13. AGE (At time of this birth): 19 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Washington
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. W. Thompson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Potlatch
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: July 23, 1919
22. REGISTRAR'S SIGNATURE: Dr. J.W. Thompson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 27 1965 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70687

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Majorie Evelyn Browning (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1919 (Date of Event)

in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Majorie	Marjorie
Child's Date of Birth	April 15, 1919	April 16, 1919

Subscribed and sworn to before me this 15th day of November, 19 65

A. L. Bplatt
Notary Public, residing at Potlatch Idaho
My commission expires 11-13-66
(Seal)

Signed John L Browning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Deary, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November, 19 65

A. L. Bplatt
Notary Public, residing at Potlatch Idaho
My commission expires 11-13-66
(Seal)

Signed Mary Ackerman
(Signature of Any Credible Person)
Princeton Ida.
(Street Address, City, State)

FORM DH 60-155 CL 8-5-65. one copy pd. rec. #18095.

Adult Application to Modern Woodmen of America, Insurance, dated April 27, 1961 gives full name as Marjorie E. Lienhard, born April 16, 1919, age 42 at Potlatch, Idaho - beneficiary is given as Henry Abe Lienhard, husband - viewd by V.S.

School Record, grade transcript, Potlatch, Idaho, date entered Sept. 17, 1934 gives full name of student as Majorie Browning, born April 16, 1919 - viewed by V.S.

Elementary Public Schools Diploma, State of Idaho, May 7, 1934 gives full name as Marjorie Browning, Latah, County, Moscow, Idaho - viewed by V.S.

Potlatch, Idaho High School Diploma, May 19, 1938 gives full name as Marjorie Evelyn Browning, = viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70687

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Majorie Evelyn Browning

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	April 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Browning	FULL MAIDEN NAME	Eva Thomas
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Potlatch

Filed July 23 1919 Dr J. W. Thompson Registrar

S-Y-CO. 38071

JUN 13 1966

255-122-029-769

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70688

County of Latah.

City of Potlatch.

Registration District No. 65 File No.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Don. Keeney.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓		✓	yes.	July 22 1919

FATHER		MOTHER	
FULL NAME	Wayne. Keeney.	FULL MAIDEN NAME	Mildred. Porter
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Mich.
OCCUPATION	Laborer.	OCCUPATION	Housework.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 4 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Born alive.
D. J. Thompson.
(Physician or midwife)

Address Potlatch Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 23 19 19. D. J. Thompson
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

652-226-029-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70689**

Registration District No. 65. File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Vivian May Webb.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	V	V	Yes.	July 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Webb.	Anna Jones.
RESIDENCE	St Maries.	St Maries.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Canada.	Minnesota.
OCCUPATION	Trainman.	Housewife.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 4 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J.M. Thompson.

M D
(Physician or midwife)

Address Potlatch.

Filed Dec 9 1919. Dr. J.M. Thompson Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

RECEIVED JUL 24 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 20037
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Vivian May Webb (Name on original certificate) who Born (Was born or died) on July 26, 1919 (Date of event)
in Potlatch, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible (Bible record, insurance policy, etc.) prepared on July 26, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Vivian Mae Webb	Vivian Mae Webb	Vivian May Webb
Name		

Subscribed and sworn to before me this 23
day of July, 1941.
John R. Phillips
Notary Public, residing at Lewiston, Ida
My commission expires June 21, 1945
[SEAL]

Signed Mrs Irving Knudsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Frank Glen Apt. Lewiston, Ida.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Nez Perce }

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of July, 1941.
John R. Phillips
Notary Public, residing at Lewiston, Ida.
My commission expires June 21, 1945
[SEAL]

Signed Mrs Irving Knudsen
(Signature of any credible person other than the previous affiant)
Ida.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

219 - 206 - 229 - 168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 625 Oak — St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-Q—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 65

File No. 70690

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD ~~Mona~~ RAMONA AILEEN Bardgette

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female				yes	July 6th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas E Bardgette	FULL MAIDEN NAME	Daisy Johnson
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	India
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 24a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Stevens M.D.

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 10 1919 Dr. J. M. Thompson

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 70690

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mona Irene	Ramona Aileen Bardgett

Subscribed and sworn to before me this 2" day of June, 1943

Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho

My commission expires My Commission Expires Dec. 3, 1944
(Seal)

Signed Edna B. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Potlatch Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4" day of June, 1943

Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho

My commission expires My Commission Expires Dec. 3, 1944
(Seal)

Signed Naoma Stephens
(Signature of Any Credible Person Other Than Previous Year)

Potlatch Idaho
(Street Address, City, State)

JUN 9 1943

663 [illegible]
035 [illegible]

PLACE OF [illegible]

Form V. S. No. 11-C—25m-9-8-17

[illegible]E OF IDAHO
[illegible] VITAL STATISTICS
[illegible]ICATE OF BIRTH

70691

County of Nezperce

City of Lewiston

Registration District No. 96

File No.

No. ..... St.

Primary Registration District No. 1009

Registered No. 283

Hospital St. Josephs

FULL NAME OF CHILD Mildred Alice Wolf

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	6- 14- 1919

FATHER		MOTHER	
FULL NAME	Christopher Wolf	FULL MAIDEN NAME	Mary Alice King
RESIDENCE	Peola, Wash	RESIDENCE	Peola, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10.30 M, M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Carrsow

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho

Filed Aug 10 1919 Susan E Bruce

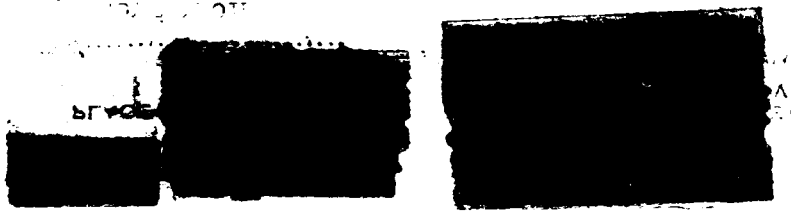
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1944



663-114-035-295

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70692

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 284

FULL NAME OF CHILD Christopher Joseph Wolf

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Male	2 (To be answered only in event of plural births)	Yes	6- (Month) 14- (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Christopher Wolf	FULL MAIDEN NAME	Mary Alice King
RESIDENCE	Peola, Wash	RESIDENCE	Peola, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Houswife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10.45AM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho

Filed Aug 10 1919

Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7092

DEC 28 1944

689-226-035-258

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... *St.*

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. 70693

Registered No. 285

FULL NAME OF CHILD June Edith Whipple

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6- 26- 1919

FATHER		MOTHER	
FULL NAME	Claud Clifton Whipple	FULL MAIDEN NAME	Ethel Elizabeth Snyder
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Ohio
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Aug 10 1919 Anson E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1944

236-129-035-249

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70694

County of Nez Perce

City of Lewiston

No. 401 = Snake River

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 286

Full Name of Child Kenneth Blodgett

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		yes	July 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen B. Blodgett	FULL MAIDEN NAME	Elizabeth Burgess
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Glenwood Minn	BIRTHPLACE	Linn Co. Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]rn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins (Physician or midwife)

Address Lewiston Idaho

Filed Aug 14 1919 Mann E. Bruce Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1950

614-204-035-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston,

No. ..... St.

Hospital .....

Registration District No. 96

File No. 70695

Primary Registration District No. 1009

Registered No. 287

FULL NAME OF CHILD Ethel Lucille Mc Fadden,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 4- 1919

FATHER		MOTHER	
FULL NAME	Guy Mc Fadden	FULL MAIDEN NAME	Cecil Snyder
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Mill worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10.30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Alley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Aug 10 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1964

SEP 17 1974

533-106-035-375

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70696

County of Nazperce

City of

No. St.

Hospital

Registration District No. 95

Primary Registration District No. 1009

File No.

Registered No. 288

FULL NAME OF CHILD Gordon Cameron Elliott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 6 1919

FATHER		MOTHER	
FULL NAME	Jack Elliot	FULL MAIDEN NAME	Wray Land
RESIDENCE	Lapwai, Idaho	RESIDENCE	Lapwai, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Kelley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston, Idaho

Filed Aug. 10 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 70696
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Gordan Cameron Elliot (Name on original certificate) who Was Born (Was born or died) on July 6 1919 (Date of event) in Lapwai Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on shortly after birth (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Elliot	Gordon Cameron Elliot

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed Wray V. Elliot
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Nez Perce. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26. day of November, 1944.

Signed Henry Baker
(Signature of any credible person other than the previous affiant.)

Philip Meagher
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER
Notary Public, residing at .....

My commission expires .....

(Street Address, City, State)

[SEAL]

Received for filing on ..... By .....
(Registrar's signature)

DEC 3 1941

214-109-035-593

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. 70698

Registered No. 290

FULL NAME OF CHILD Orvil Sampson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 9 1919

FATHER		MOTHER	
FULL NAME	Loy Sampson	FULL MAIDEN NAME	Lottie Nickel
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Missouria
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broddock

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston, Idaho.

Filed Aug 10 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1952

DEC 23 1949

689-211-035-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. 70699

Registered No. 291

FULL NAME OF CHILD Jean White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7- 11- 1919

FATHER		MOTHER	
FULL NAME	Edward A. White	FULL MAIDEN NAME	Namoi Mc Kenzie
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wyoming	BIRTHPLACE	Kansas
OCCUPATION	Commission Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broadack

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston, Idaho

Filed Aug 10 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-111-035-395

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. 96

File No. 70700

No. ..... St.

Primary Registration District No. 1009

Registered No. 292

Hospital St. Josephs

FULL NAME OF CHILD Harald Allan Hilton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 11- 1919

FATHER		MOTHER	
FULL NAME	Allen Hilton	FULL MAIDEN NAME	Elizabeth Trent
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wash
OCCUPATION	Manager, Theatree	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho

Filed Aug 10 1919 Arvan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

957-213-035-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70701

County of Nezperce

City of Lewiston — Registration District No. 96 — File No.

No. ..... St. — Primary Registration District No. 1009 — Registered No. 293

Hospital St. Josephs

FULL NAME OF CHILD Lucille Grace Inghram

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 13- 9

FATHER	MOTHER
FULL NAME: Clarence Inghram	FULL MAIDEN NAME: Grace A. Fargo
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan E. Bruce

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 10 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Yes

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70702

Registration District No. 96 File No. .....

Primary Registration District No. 1909 Registered No. 294

FULL NAME OF CHILD Jack Selden Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 16 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME Guy (a) A Spencer	FULL MAIDEN NAME Mabel E Spencer
RESIDENCE Lewiston Ida	RESIDENCE Lewiston Ida
COLOR White	AGE AT LAST BIRTHDAY 30 (years)
BIRTHPLACE Sumpter Oregon	COLOR White
OCCUPATION Housewife	AGE AT LAST BIRTHDAY 19 (Years)
	BIRTHPLACE Chicago Ills
	OCCUPATION Chicken Raiser

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 - a. M on the date above stated.

(Born alive or stillborn)

(Signed) J. P. Nurse by Bruce

(Physician or midwife)

Address Lewiston Idaho

Filed Aug 10 19 19 Susan E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

8-Y CO. 24695

OCT 15 1956

454-116-035-681

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70703

County of Nezperce

City of Lewiston

No. 920 - 9th Ave St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 295

FULL NAME OF CHILD Wyatt Medlock

Sex of Child	Twin Triplet or other? and Number in order of birth* (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 - 16 - 1919

FATHER		MOTHER	
FULL NAME	Oscar H. Medlock	FULL MAIDEN NAME	Ella Wyatt
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho

Filed Aug. 10 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1981

142-217-035-275

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. East-Lewis St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70704

Registration District No. 95 File No.

Primary Registration District No. 1009 Registered No. 296

FULL NAME OF CHILD Elsie Mae August

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	7 - 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe August.	Rosa Spero.
RESIDENCE	Lewiston Ida.	Lewiston Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Italy	Italy
OCCUPATION	Farmer	House Wife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 1—A. M. on the date above stated.

(Signature) W. F. McMahan M. D.
(Physician or midwife)

Address Lewiston, Idaho.

Filed Aug 10 1919 Byron E. Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1973

315-222-035-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70706

County of Nez Perce

City of Lewiston

No. 427 Adams St.

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 298

Hospital

FULL NAME OF CHILD Ula May Lange

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth	Legitimate?	Date of Birth
female	one (To be answered only in event of plural births)	yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Lange	FULL MAIDEN NAME	Iva Lillian Griswold
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	white	COLOR	white ~~Minnesota~~
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minnesota
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Inman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Filed Aug 10 1919 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

P. C. 6 - 20 - 41

MAY 20 1969

142-222-035-142

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70707

County of Nez Perce

City of Lewiston

No. 221 6th Ave. St.

Hospital No

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 299

FULL NAME OF CHILD Roma Blanche Justice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin Justice	FULL MAIDEN NAME	Eva Blanch Justice
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ashville N.C.	BIRTHPLACE	Bridgetown N.S.
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Shourse M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Aug 10 1919 Susan E Bruce

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 9 1971

1/6/41 L. B.

215-124-035-863

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 716-6th Ave. St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No. 70708

Registered No. 300

FULL NAME OF CHILD John Williard Baer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 24, 1919

FATHER		MOTHER	
FULL NAME	John Baer	FULL MAIDEN NAME	Lilly May Hollandworth
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Illinois	BIRTHPLACE	Wash
OCCUPATION	Stock Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston, Idaho.

Filed Aug 10 1919 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70709

County of Nezperce

City of Lewiston

589-123-035-719

No. ..... St.

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 301

Hospital St. Josephs

FULL NAME OF CHILD Eugene Ehrhardt, Robert Paige Eugene

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 25-23-09 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Eugene Mc Ehrhardt	FULL MAIDEN NAME: Sue Boone Susie Paige
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Stanton, Nebraska	BIRTHPLACE: Casselton, North Dakota
OCCUPATION: Banker	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Broadrick

(Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 10 1909 Susan E. Bruce

Registrar

366-226-025-759

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

70710

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 302

FULL NAME OF CHILD Patricia Ann Coffey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes.	7 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Coffey	Helen A. Geiseker
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	26
BIRTHPLACE	Ills.	Ills.
OCCUPATION	R.R. Yard Master	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

(Signature) W. F. McMahan M. D.
(Physician or midwife)

Address Lewiston, Idaho.

Filed Aug. 10 1919 Joan E. Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-127-035-538

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70711

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 303

FULL NAME OF CHILD William Leslie Dick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 27, 19

FATHER		MOTHER	
FULL NAME	Leslie W. Dick	FULL MAIDEN NAME	Leah Mc Echron
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Bruce

(Physician or ~~midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 10 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-207-035-385

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital Whites.

Registration District No. 96

File No. 70712

Primary Registration District No. 1009

Registered No. 304

FULL NAME OF CHILD Eva Jane Smith.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female.	X		X	Yes	7 (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J.A.Smith	FULL MAIDEN NAME	Cora Tyner
RESIDENCE	Lewiston	RESIDENCE	Lewiston.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~XXXX~~ (Born alive or stillborn) at 11:45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar S White M.D.
By Roy C Pauley Sec
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Aug 10 1919 Susan E. Bruce
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1943

613-228-035-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston

No. 1504 Main. St.

Hospital Whites.

Registration District No. 96

File No. 70713

Primary Registration District No. 1009

Registered No. 305

FULL NAME OF CHILD Caroline Jeanne Wallace.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	X	Yes	7 (Month) 28 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Heber J Wallace.	FULL MAIDEN NAME	Alice Nelson.
RESIDENCE	Davenport, Wash	RESIDENCE	Davenport, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... at 12:30 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD
By R C Pauley Sec
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 10 1919 Susan E Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

MAR 20 1961

OCT 8 1974

719-217-035-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70714

County of Nez Perce.

City of Lewiston

No. 1504 Main *St.*

Hospital

Registration District No. 96 **File No.**

Primary Registration District No. 1009 **Registered No.** 306

FULL NAME OF CHILD Parmeter.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	Yes	7 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H.A.Parmeter	FULL MAIDEN NAME	Florence Sampson.
RESIDENCE	Kellog, Idaho	RESIDENCE	Kellog, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas.
OCCUPATION	Carpenter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:20 P.M. on the date above stated.

(Born alive ~~XXXXXX~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White Mal
By R C Pauly Sec.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 10 1919 Susan E Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1971

349-117-035-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70715

County of Nez perce

City of Lewiston.

No. 1504 Main St.

Hospital White's.

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 307

FULL NAME OF CHILD Harlan Le Roy Turner.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	7 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Turner	FULL MAIDEN NAME	Esther Peterson.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Sweden.
OCCUPATION	Brakemen.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12 A. M. on the date above stated.

(Signature) Edgar L. White M.D.
By P. C. Pauley Sec.
(Physician or midwife)

Address

Filed Aug 10 1919 Susan E. Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1971

915-102-032-219

[redacted]E OF BIRTH

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70716

County of Lincoln

City of ~~Dietrich~~ Richfield

Registration District No. 16

File No.

No. St.

Primary Registration District No. 2016

Registered No. 53

Hospital

Full Name of Child Baby

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? ?	DATE OF BIRTH Aug 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Randall	FULL MAIDEN NAME	Ellen Barber
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~Idaho~~ Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Aug 10 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

469-215-032-419

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital E. H. Field

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 70717

Registration District No. 16 File No. _____

Primary Registration District No. 2010 Registered No. 53

Full Name of Child _____ Morrow

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	July 15, 1919.

FATHER		MOTHER	
FULL NAME	William J. Morrow	FULL MAIDEN NAME	Mary Martin
RESIDENCE	Dietrich tract Idaho	RESIDENCE	Dietrich tract Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 9.00 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Field, M. D.

(Physician or midwife)

Address Shoshone, Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 18 1919

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Lincoln

Shoshone

E. H. Field

Morrow

F Yes July 15, 1919.

William J. Morrow Mary Martin Martin

Dietrich tract Idaho 43 Dietrich tract Idaho

W W 28

Illinois Indiana

Farmer Housewife

7 7

born alive 9.00

E. H. Field, M. D.

Shoshone, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted]TH 262-112 014-543

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder Precinct

Registration District No. 5

File No. 70718

No. ..... St.

Primary Registration District No. 2007

Registered No. 55

Hospital .....

FULL NAME OF CHILD Ona Verlin Boston

Sex of Child male

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth June (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ona V. Boston	FULL MAIDEN NAME	Leona Nutter
RESIDENCE	Parma R.I.	RESIDENCE	Parma R.I.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

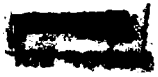
Address Parma, Ida.

Filed July 18 1919 Lulu Waldrop

Registrar

Registrar

S-Y-CO. 38071



331-130-014-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

Amended 2/27/75

City of Roswell Precit

Registration District No. 9

File No. 70719

No. ..... St.

Primary Registration District No. 2007

Registered No. 56

Hospital .....

FULL NAME OF CHILD Warren William Clary

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl C Clary	FULL MAIDEN NAME	Ethel Ferrell
RESIDENCE	Parma R R	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Walker Jr. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed July 31 1919 Lulu Waldron Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 20 75

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 3 1 '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ____

Certificate No. 70719

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clary (Name on Original Certificate) who was born (Was Born or Died) on July 30 1919 (Date of Event)
in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Warren William Clary

Subscribed and sworn to before me this 24th day of
Feb, 19 75

Notary Public, residing at Nampa, Idaho
My commission expires 8-1-78
(Seal)

Signed Louise Clary
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1 Box 384, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of
____, 19____

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person)

____
(Street Address, City, State)

FORM DH 60-155

MAR 4 1975

Own childs birth certificate , Our Lady of Lourdes Hospital , Pasco, Washington - Earl Jo Clary born July 26, 1952 at Pasco, Washington, father Warren William Clary , mother Louise Gloria Malito.
Viewed by VS

Marriage certificate State of Washington Lincoln county, Warren William Clary and Louise Gloria Malito married Nov. 21,1948.
Viewed by VS

693-128
005-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46 File No. 70720

Primary Registration District No. 2123 Registered No. 71

FULL NAME OF CHILD Mark Lowell Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave Williams	FULL MAIDEN NAME	Anna Mable Smithwick
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Greenwood Co, Kansas	BIRTHPLACE	Warren Co, North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (4) Four, Number of children of this mother now living, including present birth (4) Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Herrington, D.C.
Accoucheur.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed July 28 1919

S. L. Jaeger
Registrar

Registrar

S-Y CO. 24625

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-117-02-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70721

County of Kootenai

City of Harrison Registration District No. 126 File No. 3

No. ..... St. Primary Registration District No. 2204 Registered No. 13

Hospital Lakeview

FULL NAME OF CHILD Karl Merle Knutsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 17 1919

	FATHER	MOTHER
FULL NAME	Andrew Knutsen	FULL MAIDEN NAME Marie Hendrickson
RESIDENCE	Harrison Ida	RESIDENCE Harrison Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Minnesota
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 17 1919 at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Timmons

Physician
(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 1 1919 J. M. Timmons
Registrar

S-Y-CO 38071

5/7/41 Z.J.

MAR 11 1969

614-124-028-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70722

County of Kootenai

City of Lane

Registration District No. 136 File No. 3

No. ____ St.

Primary Registration District No. 2204 Registered No. 11

Hospital ____

FULL NAME OF CHILD Wallace Wayne Wadley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 24 1916

FATHER		MOTHER	
FULL NAME	Jordan Oscar Wadley	FULL MAIDEN NAME	Mae McClaughry
RESIDENCE	Lane Idaho	RESIDENCE	Lane Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Pike Co Indiana	BIRTHPLACE	Polk Co. Mo.
OCCUPATION	logger	OCCUPATION	housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

(Signature) Jo. Wadley

(Physician or midwife)

Address Lane Idaho

Filed Aug 1 19 9 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1942

JUL 23 1969

289-217
028-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70723

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 12

FULL NAME OF CHILD Erva Lee Byrne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl J. Byrne	FULL MAIDEN NAME	Clare Fern Whitehead
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Adair County, Missouri	BIRTHPLACE	Christian County, Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician (Physician or midwife)

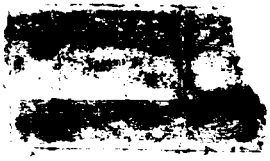
Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 1 1919 J. McKinney Registrar



DEC 17 1941

MA... ...SERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 59

File No. 70724

No. 753-104-004/235 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD HAMLET OTTO PETEREIT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	8 4 1919

FATHER		MOTHER	
FULL NAME	Otto Petereit	FULL MAIDEN NAME	Emma Stevenhagen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Baker	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Day

19

Registrar

Filed 8-6-1919 [signature] Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake

Certificate No. 70724
Date Filed NOV 28 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Petereit (Name on original certificate) who was born (Was born or died) on Aug. 4, 1919 (Date of event)
in Montpelier, Bear Lake Co. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (Bible record, insurance policy, etc.) prepared on day short time after birth (Give date):

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Petereit	Hamlet Otto Petereit

Subscribed and sworn to before me this 24
day of Nov., 19 41
Albert L. Veenendaal
Notary Public, residing at Montpelier, Ida.
My commission expires March 9, 1945.
[SEAL]

Signed Emma Petereit
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother
Montpelier, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of November, 19 41
Wendell Frazier
Notary Public, residing at Weiser Idaho
My commission expires July 12, 1944
[SEAL]

Signed B. F. Mahoney.
(Signature of any credible person other than the previous affiant.)
Station 2 - Weiser, Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier District No. 52

File No. 70725

No. 251-107-004-345 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD THOMAS HUNT BEATTY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	8-7 XXXX 1919

FATHER		MOTHER	
FULL NAME	John H Beatty	FULL MAIDEN NAME	Hazel Hunt
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ashley

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed Aug 8th 1919

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

RECEIVED MAY 2 6 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ~~Idaho~~ CALIFORNIA } ss.
County of BEAR LAKE Los Angeles

Certificate No. 70725
Date Filed

, The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name	unnamed	Thomas Hunt Beatty
Date	Aug. 6	Aug. 7- 1919

Subscribed and sworn to before me this 26
day of May, 1941

Notary Public, residing at Los Angeles, Cal.
My commission expires
[SEAL]

Signed Thomas Hunt Beatty
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)
2152 W 78th St.
(Street Address, City, State)
Los Angeles, Calif.

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of May, 1941

Notary Public, residing at Los Angeles Cal 2152 West 78th St.
My commission expires
[SEAL]

Signed J. N. Beatty (Father)
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)
Los Angeles Calif

Received for filing on by
(Registrar's signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN 10 1965

P.O. 6/3/41 - w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70726

County of Bear Lake

City of Bennington

Registration District No. 5V

File No.

No. 249-105-004-35-2 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	8 5 1919

FATHER		MOTHER	
FULL NAME	Lester Birnbaum	FULL MAIDEN NAME	Penco Tippetts
RESIDENCE	Bennington Ida	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 8-5 1919 [signature]

Registrar

Registrar

755-230-004-866

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 70727

Primary Registration District No. 2136

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth July (Month) 30th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm B. Pendrey	FULL MAIDEN NAME	Myrtle Hoff
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Plumber	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King

Physician (Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 8-5- 1919 H. H. King Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-212-004-271

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70728

County of Bear Lake

City of Dwyle

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Beulah Bostrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 12th 1919

FATHER		MOTHER	
FULL NAME	Edward J. Bostrom	FULL MAIDEN NAME	Mary J. Sparks
RESIDENCE	Pegram Ida	RESIDENCE	Pegram, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed Aug 5 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1942

966-109-004-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70729

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Roy Bruce Root.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	July 9th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. B. Root.	FULL MAIDEN NAME	Mable Potter.
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana.
OCCUPATION	Loco. Fireman (R.R.)	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King

Physician

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report.

19

Filed Aug 5 1919 H. H. King

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

DEC 10 1953

281-110-004-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70730

Registration District No. 57 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Kenneth Lee Sharpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes.	July 10th 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jennyson D. Sharpe	FULL MAIDEN NAME	Nellie Myers
RESIDENCE	Montpelier, Ida	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	R. R. Switchman	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. N. Myers Physician

(Physician or midwife)

Address Montpelier Ida

Filed 8-5 19 15 N. Thomas Registrar

5-Y-CO 38071

Certified Copy issued Feb. 28, 1941. E.M.

SEP 18 1956

356-217-004-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70731

Registration District No. 57 File No. .....

Primary Registration District No. 2436 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Eldene Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		1	yes	July 17 1919

FATHER		MOTHER	
FULL NAME	David R. Lewis	FULL MAIDEN NAME	Grace Bridges
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Montpelier
OCCUPATION	Merchant	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer Eastmickley

Physician

(Physician or midwife)

Address Montpelier Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-5-1919

Registrar

NOV 2 0 1948

JAN 22 1963

MAR 1 9 1965

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 9/28/78

70732

County of Bear Lake

City of Montpelier

815-224

No. 004-759 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Helen Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	7 24 1919

FATHER		MOTHER	
FULL NAME	James Hanson	FULL MAIDEN NAME	E. M. Perkins
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1400 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 8 5 1919 [signature]

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 70732

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hensen (female) (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1919 (Date of Event)
in Montpelier, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage license (Bible Record, Insurance Policy, Etc.) prepared on June 25, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Hensen	Helen Hanson
father's last name	Hensen	Hanson

Subscribed and sworn to before me this 29th day of August, 1978

Vern K. Gallow

Notary Public, residing at Bern, Idaho

My commission expires Lifetime

(Seal)

Signed Chas H. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

722 North 6th St., Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1978

Vern K. Gallow

Notary Public, residing at Bern, Idaho

My commission expires lifetime

(Seal)

Signed Ruth D. Phillips
(Signature of Any Credible Person)

29 South 2nd St., Montpelier, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8/16/78 nm

SEP 28 1978

2-15-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 31 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WYOMING } ss.
County of LINCOLN }

Certificate No. 70732

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hensen (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1919 (Date of Event)
in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on aug 28 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Helen Hanson
Father's name	James Hensen	James Hanson

Subscribed and sworn to before me this 12th day of February 1972

Floyd B. Hunsaker

Notary Public, residing at Afton, Wyoming

My commission expires 25 April 1974

(Seal)

Signed Helen Hanson Nield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of February, 1972

Floyd B. Hunsaker

Notary Public, residing at Afton, Wyoming

My commission expires 25 April 1974

(Seal)

Signed Edwin Nield
(Signature of Any Credible Person)

Afton, Wyoming 83110
(Street Address, City, State)

FORM DH 60-155 2 cps pd rec # 31364 (H)

Certificate of Blessing from LDS Church dated Sept. 6, 1919 gives name as Helen Hansen as daughter of James Victor Hansen and Effie May Perkins. Born July 24, 1919 at Montpelier, Idaho. Was Blessed Sept. 6, 1919. Viewed by V. S.

Diploma from Montpelier High school, Montpelier, Idaho gives name as Helen Hanson dated May 21, 1937. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70733

County of Bear Lake

City of Montpelier

No. 249-214-004-366 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No.

Registered No.

FULL NAME OF CHILD GLORIA JEANE BURGOYNE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	6-14-1919

FATHER		MOTHER	
FULL NAME	Eugene Olaf Burgoyne	FULL MAIDEN NAME	Mary R Cook
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montpelier	BIRTHPLACE	Single
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo F. Lindley
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 8-5-1919 H H King
Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 70733

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gloria Jeane Burgoyne (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 14, 1919 (DATE OF EVENT)
in Montpelier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 5th, 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Gloria Jeane Burgoyne
name of father	Jaan Burgoyne	Eugene Olafe Burgoyne

Subscribed and sworn to before me this 5th
day of Feb., 1942
E. H. Strong
Notary Public, residing at Ogden, Utah
My commission expires 7-10-45
(SEAL)

Signed Mamye K Cook Burgoyne
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT—IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of Feb., 1942
E. H. Strong
Notary Public, residing at Ogden, Utah
My commission expires 7-10-42
(SEAL)

Signed Eugene Olafe Burgoyne
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 10 1942

FEB 5 19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70734

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. 899-114-004-259 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Melvin Edward Hirschi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	7 14 1919

FATHER		MOTHER	
FULL NAME	William Hirschi	FULL MAIDEN NAME	Mary Ann Beiles
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 8-3-1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

K

JUL 2 1969

NOV 1 7 1972

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 318-214-004-381 St.

Registration District No. 57

File No. 70735

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD IONE TAYLOR

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gne		Yes	7 14 1919

FATHER		MOTHER	
FULL NAME	John E Taylor	FULL MAIDEN NAME	Jennie Stella Shoup
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Pocatello Ida	BIRTHPLACE	Montpelier
OCCUPATION	Emp O & L	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 8-5-19 [illegible]

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Bear Lake }

Certificate No. 70735

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1919 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on October 20, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ione Taylor

Subscribed and sworn to before me this 17th day of April 1943

Levi Alan

Notary Public, residing at

LEVI ALAN
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

My commission expires
(Seal)

Signed Jennie Stella Taylor.
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 27 1943

815-127-004-269

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70736

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Boy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	—	5	yes	June 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Martin Hansen	FULL MAIDEN NAME	Carrie Sorensen
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Wisconsin
OCCUPATION	Builder	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address Montpelier, Ida.

filed - 8-5-19 - [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-225-304-532 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ....., ... St.

Hospital .....

Registration District No. 52 File No. 70737

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ruby Sizemore

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	June 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Sizemore	FULL MAIDEN NAME	Catherine Elber
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Meadowville, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Georgetown, Idaho

Filed 8-2- 1919 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

619-102-0004-751 name added 8-30-84 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70738

Registration District No. 57

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Boy Dean Burton Farnsworth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		2nd	Yes	July 2 19 9

FATHER		MOTHER	
FULL NAME	Burton J. Farnsworth	FULL MAIDEN NAME	Mable P. Pearce
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Beaver City Utah.	BIRTHPLACE	Montpelier
OCCUPATION	School Teaching	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Address Montpelier Ida.

Given names added from a supplemental report.

..... 19.....

.....

2-7-84
Resent 4-2-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS AUG 23 7 41 AM '84

RECEIVED BUREAU OF VITAL STATISTICS MAR 20 8 41 AM '84

State of _____
County of _____ } ss.

Certificate No. 70738
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Farnsworth (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 2, 1919 (Date of Event)

in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	BURTON Dean B. Farnsworth

Subscribed and sworn to before me this 21st day of August, 19 84

Notary Public, Linda Drumsrud

Residing at Provo, Ut.

My commission expires 2-28-88

(Seal)

x Dean B. Farnsworth
Signature of Applicant

x 295 N. 400 West Orem, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

rcc

1960 Valuation Notice from Utah County, Utah. Property assessed to Dean Burton Farnsworth. Viewed by V.S.

Blessing record from LDS Church gives Dean Burton Farnsworth born July 2, 1919 in Montpelier, was blessed Aug 3, 1919. Viewed by V.S.

615-104-004-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52

Primary Registration District No. 2136

File No. 70739

Registered No. .....

FULL NAME OF CHILD John Andrew Hamken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		4	yes	July 6 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur F. Hamken	Mary Andregg
RESIDENCE	Montpelier	Montpelier
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 35	White / 26
BIRTHPLACE	Independence, Mo.	Switzerland
OCCUPATION	Farming	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) Elmer E. Huckley

Physician

(Physician or Midwife)

Address Montpelier Idaho

7/6-19

MAR 7 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Beaverhead

City of Montpelier

245-101-004-593

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 70740

Registered No. .....

FULL NAME OF CHILD Donald Eschler Kunz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	7 1 1919

FATHER		MOTHER	
FULL NAME	Seth N Kunz	FULL MAIDEN NAME	Emma Eschler
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Bern	BIRTHPLACE	Woodbird
OCCUPATION	Insurance Worker	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Gribley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Montpelier Ida

Filed 8-5-1919

[illegible]

Registrar

JUN 16 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Idaho } ss. JUL 6 1971

County of Bear Lake

Certificate No. 70740

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kunz (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1919 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Blessing & Baptism Certif. (Bible Record, Insurance Policy, Etc.) prepared on 20 Oct 1927, 3 Aug. 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Kunz	Donald Eschler Kunz

Subscribed and sworn to before me this 3 day of July, 1971

Jamie Statler

Notary Public, residing at Montpelier, Ida

My commission expires Nov. 1972

(Seal)

Signed Seth N Kunz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

824 Grant Montpelier, Idaho 83254

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/16/71 nm

Certificate of Blessing from LDS Church gives name as Donald Eschler Kunz, Dated Aug. 3, 1919. Son of Seth N. Kunz and Emma Eschler. Born July 1, 1919 at Monpelier, Idaho. Was Blessed Aug. 3, 1919 by Elder Seth N. Kunz. Signed by D. M. Hymas, Clerk. Viewed by V. S.

[redacted]

Certificate of Baptism and Confirmation from LDS Church dated Oct. 20, 1927 gives name as Donald Eschler Kunz son of Seth N. Kunz and Emma S Eschler. Born July 1, 1919 at Montpelier, Idaho. Was Baptized Oct. 20, 1927 by Priest John Henry Hunter. and Confmd. Oct. 20, 1927 by George Libbetts. Signed by H. Herman Hoff. Viewed by V. S.

JUL 1 4 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

name added 11-18-82

City of Bennington

Registration District No. 52

File No. 70741

389-106-004-414

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD DuWayne Christofferson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	7 6 1919

FATHER		MOTHER	
FULL NAME	Christoffersen	FULL MAIDEN NAME	M. Hansitsen
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Guilley

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Utah

Filed 8-5-1919

..... Registrar

..... Registrar

MAR 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 17 9 21 AM '82

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 70741

Date Filed 8-5-19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Christofferson (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1919 (Date of Event)

in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Ordination (Bible Record, Insurance Policy, Etc.) prepared on Nov. 15, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Du Wayne Christofferson

Subscribed and sworn to before me this 1st day of April, 1971

Notary Public, residing at Salt Lake County, Utah
My commission expires Dec. 1, 1972
(Seal)

Signed Mildred C. Christofferson X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3661 Market St. Salt Lake City, Utah 8-4-119
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 19 71

Notary Public, residing at Salt Lake Co., Utah
My commission expires Nov. 11, 1973
(Seal)

Signed Earl P. Stringham
(Signature of Any Credible Person)

3618 Market St. Salt Lake Co., Utah
(Street Address, City, State)

FORM DH 60-155

Certificate of Ordination from LDS Church gives DuWayne Christofferson ordained a Deacon on Nov 15, 1931. Viewed by V.S.

Cert of Baptism from LDS Church gives DuWayne Christofferson was born in Idaho on July 6, 1919 to Isaac Christofferson and Mildred Mouritsen and was baptised Oct 4, 1927. Viewed by V.S.

DEC 9 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geneva

Name added 8-29-86 lh

Registration District No. 52

File No. 70742

654-102-004-452 Father's name, POB, mother's name, age, POB amended

No. ..... St. 01-18-06 ns

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Grant Felton Teuscher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	7 2 1919

FULL NAME Robert FATHER Teuscher	FULL MAIDEN NAME Rosetta MOTHER Messerli
RESIDENCE Geneva	RESIDENCE Geneva
COLOR W AGE AT LAST BIRTHDAY 36 (Years)	COLOR W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Farm	OCCUPATION

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Idaho

Filed 8-5-19

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

6/23/86

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE

JUL 01 1986

Bureau of Vital Statistics, Standards and Local Health Services

State of _____ } ss.
County of _____ }

Certificate No. 70742
Date Filed _____

The undersigned does solemnly swear that certain facts on the birth

for unnamed boy (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 2, 1919 (Date of Event)

in Geneva, Bear Lake Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	omitted	~~Grant F. Teuscher~~ Grant Felton Teuscher

Subscribed and sworn to before me this 18th day of July, 1986.

Notary Public, Reese Reed
Residing at Smithfield, Utah
My commission expires 2/10/90
(Seal)

Grant F Teuscher
Signature of Applicant
176 West Center Smithfield Utah 84335
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

AUG 29 1986

Record of Blessing From LDS Church gives name as Grant Felton Teuscher born July 2, 1919 at Geneva, Bear Lake Co., Idaho to Robert Teuscher and Rosette Messerli. Blessed August 3, 1919.
Viewed by V.S.

Record of Baptism from LDS Church gives name as Grant Felton Teuscher born July 2, 1919 at Geneva, Idaho to Robert Teuscher and Rosette Messerli. Baptized on August 7, 1927.
Viewed by V.S.

RECEIVED
VITAL STATISTICS
06 JAN 17 PM 3:34

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 19-70742

Date Filed august 5, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Grant Felton Teuscher (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 2, 1919 (Date of Event)

in Geneva (Bear Lake Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Mother's name	Rose Messerley	Rosetta Messerli
Mother's age at time of this birth	24	34
Mother's place of birth	Idaho	Switzerland
Father's first name	Robt	Robert
Father's place of birth	Idaho	Switzerland

Subscribed and sworn to before me this 12th day of January, 2006

Notary Public, Medora E. Durrant

Residing at 1812 N. 750 W. Harrisville, UT 84404

My commission expires 05-21-2009

(Seal)

MEDORA E. DURRANT
NOTARY PUBLIC • STATE of UTAH
1812 North 750 West
Harrisville, Utah 84404
COMM. EXP. 05-21-2009

Signature of Applicant Stephen H. Teuscher as agent for Grant Felton Teuscher

176 W. Center, Smithfield, UT 84335
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

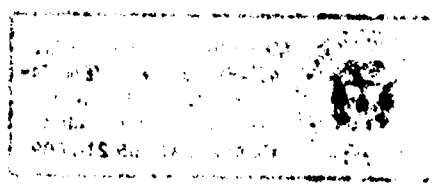
_____
Street Address, City, State and Zip

01-06-06

ID BIRTH CERTIFICATE 10-359976 FOR RAYMOND ROBERT TEUSCHER BORN 08-06-10 IN MONTPELIER (BEAR LAKE CO) SHOWING FATHER AS ROBERT TEUSCHER BORN IN SWITZERLAND AGE 27 AND MOTHER ROSETTA MESSERLI BORN IN SWITZERLAND AGE 25. VIEWED BY VS

ID DEATH CERTIFICATE 72-1590 FOR ROBERT TEUSCHER WHO DIED 04-22-72 IN MONTPELIER (BEAR LAKE CO) SHOWING BIRTH PLACE AS SWITZERLAND VIEWED BY VS

ID DEATH CERTIFICATE 72-4721 FOR ROSETTA MESSERLI TEUSCHER WHO DIED 10-11-72 IN MONTPELIER (BEAR LAKE CO) SHOWING DOB AS 04-04-1885 AND BIRTH PLACE AS SWITZERLAND VIEWED BY VS



753-208-004-938

Name added 8/2/84 lh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70743

County of Bear Lake

City Montpelier

Registration District No. 32

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Ruth Carmel Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	7 8 1919

FATHER		MOTHER	
FULL NAME	Parley P. Peterson	FULL MAIDEN NAME	Emma Lehnhers
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Denmark	BIRTHPLACE	Sew
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 8-5-1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/2/84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 2 9 46 AM '84

State of Idaho
County of Ada } ss.

Certificate No. 70743
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 8, 1919 (Date of Event)
in Montpelier, Idaho, Bear Lake Co (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full Name of Child	omitted	Ruth Carmel Peterson

Subscribed and sworn to before me this 2nd day of August, 1984.
Notary Public, Linda Hickman
Residing at Boise
My commission expires April 3, 1985
(Seal)

x 5745 Milburn ave, Boise Ida 83704
Signature of Applicant
x Ruth Carmel Booth
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.
Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature
Street Address, City, State

AUG 2 1984

Church record of Blessing and Baptism from LDS Ward Clerk - Neil Jarvis
Ruth Carmel Peterson Booth born July 8, 1919 at Montpelier, Idaho was blessed on Sept. 7, 1919 and Baptized on Sept. 27, 1927.
Viewed by V.S.

Birth certificate of son Michael Gayle Booth born June 18, 1951 at Soda Springs, Idaho S.F.#07054 gives name of mother as Ruth Carmel Peterson age 31 born at Montpelier, Idaho.
Viewed by V.S.

254-204-035-815

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70744

PLACE OF BIRTH

County of Bingham

City of Lapwai, Ida.

No. ..... St.

Hospital .....

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. 17

FULL NAME OF CHILD Lillian Bernice Seeter

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1	yes	July 4 1914

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Joseph Seeter	FULL MAIDEN NAME: Julia Havard
RESIDENCE: Lapwai	RESIDENCE: Lapwai.
COLOR: ½ Indian	COLOR: ½ Indian
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Haberl

M. D.
(Physician or midwife)

Address Lapwai

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 25 1914 William P. Haberl
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-118-035-5555

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70745

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. 16

FULL NAME OF CHILD Clarence Oliver Bolen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes.	July 18 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Bolen	FULL MAIDEN NAME	Maude Neel
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Va.
OCCUPATION	farmer	OCCUPATION	Housemaker

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hall M.D.

(Physician or midwife)

Address Lapwai Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 20 1917 William P. Hall

Registrar

Reid 11-22-1941
L. Bryant

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

JAN 27 1942

Certificate No. 70745
Date Filed 7-30-19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Clarence Oliver Bolin (Name on original certificate) who Born (Was born or died) on July 18-1919 (Date of event)
in Spalding, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Last name	Bolen	Bolen

Subscribed and sworn to before me this 12
day of January, 1942

Notary Public, residing at Lapwai Idaho
My commission expires Jan. 11, 1943
[SEAL]

Signed Lida Maude Bolen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai, Nez Perce, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January, 1942

Notary Public, residing at Lapwai Idaho
My commission expires Jan. 11, 1943
[SEAL]

Signed J. L. Bolen
(Signature of any credible person other than the previous affiant.)

Lapwai, Idaho
(Street Address, City, State)

Received for filing on JAN 27 1942 By
(Registrar's signature)

FEB 1949

569-109-035-698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70746

PLACE OF BIRTH

County of Nez Perce

City of Culdesac R.F.D.

No. ..... St.

Hospital .....

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. 15

FULL NAME OF CHILD William Norton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	July 9 1917

FATHER		MOTHER	
FULL NAME	James F. Norton	FULL MAIDEN NAME	Agnes Fry
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hatch M.D.

(Physician or midwife)

Address Lapwai Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 10 1917 William P. Hatch Registrar

613 - 208 - 035 - 265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Nez Perce

City of Spalding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 70747

Primary Registration District No. 217d Registered No. 14

FULL NAME OF CHILD Genevieve Dolores Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	—	yes	July 8 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James M. Walker	FULL MAIDEN NAME	Rosella Bolen
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 6.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hall M.D.

(Physician or Midwife)

Address Lapwai, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 9 1919 William P. Hall

Registrar

493-103-028-219

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70748

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 87

Hospital

FULL NAME OF CHILD Robert Allen Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 3 1919

FATHER	MOTHER
FULL NAME Edward Richmond Miles	FULL MAIDEN NAME Eva Pearl Barstow
RESIDENCE Coeur d'Alene Ida	RESIDENCE Coeur d'Alene Ida
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Mich	BIRTHPLACE Kans.
OCCUPATION Laborer	OCCUPATION Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Phys

Phys.
(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug. 9 1919 Gus Nelson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-108-028-859

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 29

Primary Registration District No. 1050

File No. 10749

Registered No. 86

FULL NAME OF CHILD ..... Baby Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 8 19 09

	FATHER	MOTHER
FULL NAME	Andrew Erickson	Anna Hirvonen
RESIDENCE	Coeur D'Alene Ida	Coeur D'Alene Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Finland	Finland
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John J. Wood M.D.

..... (Physician or midwife)

Address Coeur D'Alene Ida

Filed Aug. 8 1909 Geo Nelson Registrar

914-122-028-361

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70750

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 27

File No.

No. St.

Primary Registration District No. 1030

Registered No. 85

Hospital

FULL NAME OF CHILD John Wm Ramey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Chin		4	Yes	July 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Simon Ramey	FULL MAIDEN NAME	Margaret F Coates
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	St Lamoteria	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood Sw.

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Scallon Bldg. Cda Ida

Filed Aug 8 1919 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-214-028-665

Form V. S. No. 11-C—25m

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 29

File No. 70751

No. ..... St.

Primary Registration District No. 1050

Registered No. 84

Hospital .....

FULL NAME OF CHILD Margaret Agnes Stacy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	July (Month) 14 (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Bunion Stacy	FULL MAIDEN NAME	Margaret Alice Hoelke
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur D'Alene Ida

Filed Aug. 8 1919 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL ST.

CERTIFICATE OF B

PLACE OF BIRTH

Registration District No. 17

437-12-028-432

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29

File No. 70752

No. ..... St.

Primary Registration District No. 1050

Registered No. 83

Hospital ..... HAROLD ALVIN

FULL NAME OF CHILD ~~Frederick~~ McGraw

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Other		1	Yes	June 30 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry McGraw	FULL MAIDEN NAME	Lou Ann McKinney
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood

Phys. Sur.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Aug 8 1917 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 70752

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Fredrick McGraw (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 20, 1919 (DATE OF EVENT)
in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Fredrick	Harold Alvin McGraw

Subscribed and sworn to before me this 19th day of May, 1942

[signature]

Notary Public, residing at Coeur d'Alene, Ida.

My commission expires 8-31-44

(SEAL)

Signed Lou a McGraw

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1001 Wallace Ave., Coeur d'Alene, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 1942

[signature]

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44

(SEAL)

Signed Mrs. Eleanor M. Gilman

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt. 1, Coeur d'Alene, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 1 1942 By

(REGISTRAR'S SIGNATURE)

JUN 9 1975

JUN 3 194

168-129-028-168

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70753

Registration District No. 29

File No. _____

Primary Registration District No. 1050

Registered No. 82

Full Name of Child Clara Earl Johnson

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH May (Month) 29 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Earl Magnus Johnson	FULL MAIDEN NAME Clara Johnson
RESIDENCE Coeur d'Alene Ida.	RESIDENCE Coeur d'Alene Ida.
COLOR White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Washington	BIRTHPLACE Coeur d'Alene Idaho.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Coeur D'Alene Ida

Filed Aug 8 1919 Geo Nelson Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-128-028-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No. 70755

No. ..... St.

Primary Registration District No. 1050

Registered No. 80

Hospital .....

FULL NAME OF CHILD Palmer Wells Layton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 28 1918

FATHER	MOTHER
FULL NAME: Archie Lan Dayton	FULL MAIDEN NAME: Nellie Gertrude Boucher
RESIDENCE: Fernan Lake Cd'A Idaho	RESIDENCE: Fernan Lake Coeur d'Alene Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Pueblo Colorado	BIRTHPLACE: Pueblo Colorado
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) John Bunby M.D.

(Physician or midwife)

Address Coeur D'Alene Idaho

Filed July 24 1918 Gus Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

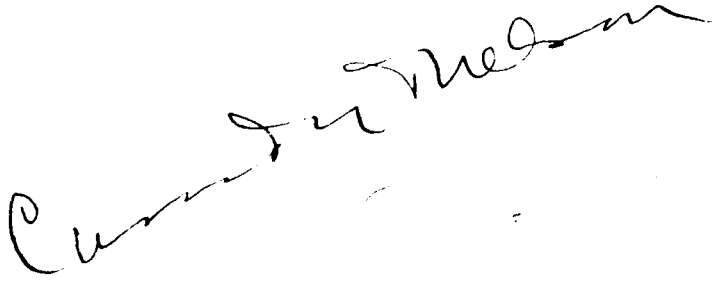
..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



239-206-028-619

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70756

County of Kootenai

City of Coeur D'Alene

No. 723 So. 5th St.

Hospital Born at home.

Registration District No. 29

File No.

Primary Registration District No. 1050

Registered No. 79

FULL NAME OF CHILD Bonnie June Scruggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 6th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Alonzo Scruggs	FULL MAIDEN NAME	Etta Mae Warren
RESIDENCE	Coeur D'Alene Ida	RESIDENCE	Coeur D'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Oregon
OCCUPATION	S & I. E. Ware House	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 6th at 4:50 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) Jno Busby M D

(Physician or midwife)

Address Coeur D'Alene Ida

Filed July 24 1919 Gus Nelson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cassidy Tonelson
City

689-202-028-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene. Registration District No. 29 File No. 70757

No. 933 Tak. St. Primary Registration District No. 1030 Registered No. 78

Hospital Mrs. Fergusons

FULL NAME OF CHILD Helen Margaret White.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl.			yes	June 2 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME Aubrey Fredrick White	FULL MAIDEN NAME Elsie Adelaide Chamberlin
RESIDENCE 916 3rd St. C D'A	RESIDENCE 916 3rd St. C D'A
COLOR White. AGE AT LAST BIRTHDAY 18 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Grand Forks B.C.	BIRTHPLACE Johnson County Iowa.
OCCUPATION Lumberman.	OCCUPATION Housekeeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John Burden M.D
(Physician or midwife)

Address Coeur D' Alene Ida

Filed July 24 1917 Gus Nelson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1949

154-302-028-864

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70758

County of Kootenai

City of Coeur d'Alene

No. 1101 - 4th St.

Registration District No. 29 File No.

Primary Registration District No. 1050 Registered No. 76

Hospital

FULL NAME OF CHILD Dorothy Irene Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		No	7 - 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Anderson	Laura Hamlin
RESIDENCE	Oakland, Cal	Coeur d'Alene
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	19	16
BIRTHPLACE	Minn	Minn
OCCUPATION	Ship builder	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alexander Jardan M.D.

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed July 10 1919 Geo Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 19

47-728-028-695

Form No. [illegible]

MAIL OR DELIVER THIS CERTIFICATE TO DEPARTMENT OF HEALTH AND SANITATION, SPOKANE, WASH.

PLACE OF BIRTH County of Kootnai

County } [redacted]
City }

State of Idaho

~~Washington~~ Idaho State Board of Health

BUREAU OF VITAL STATISTICS

Registered No. 47

Registration District No. 29

CERTIFICATE OF BIRTH

70759

(Give name of hospital here if born in hospital.) (No. Hauser Lake R.F.D. no. 1 St., Post Falls Idaho

FULL NAME OF CHILD d'Pauncefote, Walter Wm. Henry Geo. Hebbes Ernest Frederick Claude Louis Arthur Leighton Dudley Raymond Neil Sumpter Hugh Barclay DuVal Victor St. John

(Give name of child)

Sex of Child	~~Twin, Triplet or other~~	and	Number in order of birth	Legitimate?	Date of Birth
m				yes	June (Month) 28 (Day) 1919 Year

FATHER		MOTHER	
Full Name	Walter William d'Pauncefote	Full Maiden Name	Cora Maude Finch
Residence	Hauser Lake. R.F.D. no. 1 Post Falls Ida	Residence	Hauser Lake, R.F.D. no. 1 Post Falls Ida
Color	W	Color	W
Age at last Birthday	47 (Years)	Age at last Birthday	37 (Years)
Birthplace (State or Country)	England	Birthplace (State or Country)	N.Y.
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 2nd.

Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { born alive / stillborn } † and that it occurred on June 28, 1919, at 9 A.M. P.M.

Signature Frank R. Fursey M.D.

(Physician or Midwife)

Address 719 Paulsen Bldg Spokane

Filed July 11, 1919

Gus Nelson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Registrar.

†Indicate which by drawing line through superfluous word.

MAR 26 1971

Name

962-122-029-813

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. 438, 6th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 70760

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 54

FULL NAME OF CHILD Wendell Williard Roberts

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 22 1919

FATHER		MOTHER	
FULL NAME	Lester Nelson Roberts	FULL MAIDEN NAME	Clara Hall
RESIDENCE	Moscow Id	RESIDENCE	Moscow Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Ontario Canada
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on June 22nd at 6.40 a.m., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson
Physician
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Id

Filed July 31 1919 D. F. Rae
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

DEC 7 1942

699 - 225
029 - 456

[redacted] m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 4th St.

Hospital

Registration District No. 87

Primary Registration District No. 1011

File No. 10761

Registered No. 76

FULL NAME OF CHILD. Lois Victoria Orr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	June 25 1917

FATHER		MOTHER	
FULL NAME	Victor H. Orr	FULL MAIDEN NAME	Velva V. Dew
RESIDENCE	451 4th Moscow Idaho	RESIDENCE	459 4th Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wayne Co. Illinois	BIRTHPLACE	Belleville Illinois
OCCUPATION	Rail Road Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.15 A. M. on the date above stated.

(Signature) F. M. Leitch M. D.

(Physician or midwife)

Address Moscow Idaho

Filed July 5th 1917 D. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MAR 27 1970

851-222-029-955

Form V. S. No. 11-C—2m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70762

County of Latah

City of Moscow

Registration District No. 61 File No.

No. St.

Primary Registration District No. 1011 Registered No. 57

Hospital

FULL NAME OF CHILD Ilene Marie Heath

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	July 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. L. Heath	Inga L. Iverson
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	30
BIRTHPLACE	Wash	Colo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 2-0 M. on the date above stated.

(Signature) J. M. Clarke

(Physician or midwife)

Address Moscow

Filed July 26, 1917

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1971

JUL 10 1942

243-222-029-231

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lalata

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61

Primary Registration District No. 1011

File No. 70763

Registered No. 88

FULL NAME OF CHILD Edna E. Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 22 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester A. Butler	FULL MAIDEN NAME	May Slater
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11-a- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed July 26 1919 S F Rae

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-110-025-231

PLACE OF BIRTH

County of Latah

City of Moscow

No. 1st & Jackson St.

Hospital Inland

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 70764

Primary Registration District No. 1011 Registered No. 89

FULL NAME OF CHILD Otto Allyn Frantzich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	July 10 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Gustaf Frantzich	FULL MAIDEN NAME Eva Stanford
RESIDENCE Troy Ida	RESIDENCE
COLOR White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carothers M. D. (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 23 1919

[redacted]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1900

613-113-029-415

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 1st + Jackson St.

Hospital Ireland

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 81 File No. 70765

Primary Registration District No. 1011 Registered No.

FULL NAME OF CHILD Joseph William Watts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William A Watts	FULL MAIDEN NAME	Bertha Davidson
RESIDENCE	Kendrick	RESIDENCE	Kendrick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carothers

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow

Filed July 23 1919

D. F. Rae
Registrar

D F Rae

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1953

386-112-029-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 514, N. Washington St.

Hospital

Registration District No. 61

File No. 70766

Primary Registration District No. 1011

Registered No. 91

FULL NAME OF CHILD Harland Lloyd Lyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes	7-12-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd R. Lyon	FULL MAIDEN NAME	Sylvia Auzette Burch
RESIDENCE	514 N. Washington Moscow Ida.	RESIDENCE	514 N. Washington Moscow Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Keyser, West Virginia	BIRTHPLACE	Moscow Idaho
OCCUPATION	Clerk in store	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) WM. ~~Hatfield~~ D.O.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed July Aug 19 19 D. F. Rae

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 10 1942

663-216
029-893

[redacted] COUNTY

County of Latah

STATE OF IDAHO
BUREAU OF VITAL STATISTICS [redacted]

CERTIFICATE OF BIRTH

70767

City of Moscow

Registration District No. 61

File No.

No. 720 So. Main St.

Primary Registration District No. 1011

Registered No. 72

Hospital The Gritman

FULL NAME OF CHILD Helen Elaine Wolfenbarger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 16, 1919

FATHER		MOTHER	
FULL NAME	Curtis Cumbrough Wolfenbarger	FULL MAIDEN NAME	Dora Hill
RESIDENCE	Belgrade, Montana	RESIDENCE	Belgrade, Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Palouse, Wash.
OCCUPATION	Construction Work	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 20 1919

D. F. Rae
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 26 1968

962-220-029-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 410 Main (720) St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 70768

Primary Registration District No. 1011 Registered No. 93

FULL NAME OF CHILD Mildred Elizabeth Marie Rosgen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter P. Rosgen, Jr.	Helena M. Moser
RESIDENCE	Colton, Wash	Colton, Wash.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Endicott, Wash	Oakes, N. Dakota
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 10 1919

D. F. Rae
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Province ~~State~~ of Alberta
Canada ~~County~~ of ..... } ss.

Certificate No. 70768

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Mildred Elizabeth Marie Rosgen (Birth or Death)
for ..... (Name of Original Certificate) who was born (Was Born or Died) on June 20 1919 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptisher Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 29, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Rosgen	Mildred Elizabeth Marie Rosgen

Subscribed and sworn to before me this 19th day of April, 1948

Lorne C. Jackson
Notary Public, residing at Drumheller Alta
My commission expires Dec 31 1946
(Seal)

Signed Helena Rosgen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Munson Alberta
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Province ~~State~~ of Alberta
Canada ~~County~~ of ..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1948

Lorne C. Jackson
Notary Public, residing at Drumheller Alta
My commission expires Dec 31 1946
(Seal)

Signed Lewis Rosgen (Father)
(Signature of Any Credible Person)
Munson Alberta
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-124
029-753

PLACE OF BIRTH

County of Latah

City of Moscow

No. [illegible] Sq. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70769

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 94

FULL NAME OF CHILD John William Lincoln

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elliott Curtis Lincoln	FULL MAIDEN NAME	Beth Vera Peck
RESIDENCE	Pullman, Wash.	RESIDENCE	Pullman, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Massachusetts	BIRTHPLACE	Illinois
OCCUPATION	English Teacher - W.S.C.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Registrar

Filed July 10 1919 D F Rae

Registrar

OCT 8 1971

731-219-029-168

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 70770

Primary Registration District No. 1011 Registered No. 95

FULL NAME OF CHILD Dorothy Inez Glaisyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 19, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Victor Glaisyer	FULL MAIDEN NAME	Inez J. Johnson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Hawley, Minn.	BIRTHPLACE	Walla Walla, Wash
OCCUPATION	Veterinary Phy + Surg.	OCCUPATION	Housewife

Number of child of this mother including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Moscow, Idaho

Filed July 10 1919

Dorothy Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb 3, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-229
029-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-17

70771

County of Latah

City of Moscow

Registration District No. 61

File No.

No. ..... St.

Primary Registration District No. 1011

Registered No. 96

Hospital Gritman

FULL NAME OF CHILD GERTRUDE ARDATH DeBOLT

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 29 1917

FATHER

FULL NAME S. J. DeBolt

RESIDENCE Colfax, Wash. - RFD

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Missouri

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Genevieve Lang

RESIDENCE Colfax, Wash. RFD.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow, Idaho.

Filed July 10 19 19

D. F. Rae
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74774

CE OF BIRTH

STATE OF IDAHO JAN 9 1943

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Skagit }

Certificate No. 70771

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Gertrude Ardath DeBolt (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 29, 1919 (DATE OF EVENT) in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by baby book record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 29, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Gertrude Ardath DeBolt

Subscribed and sworn to before me this 7 day of January, 19 43

Notary Public, residing at Concrete

My commission expires Nov 24, 1944

(SEAL)

Signed Mrs. Mary G. DeBolt Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #1, Concrete, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Skagit }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of January, 19 43

Notary Public, residing at Concrete

My commission expires Nov 24 1944

(SEAL)

Signed S T DeBolt Father

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #1, Concrete, Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 1 2 1943

439-130-029-813

Form V. S. No. 11-C—26m-9-8-17

PLACE OF ~~BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70773

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

Primary Registration District No. 1011

File No. .....

Registered No. 85

FULL NAME OF CHILD JOHN ADAM McINTURFF

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. M. McInturff	FULL MAIDEN NAME	Anna Hackney
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 16 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed July 30 1919 D. F. Rae

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Benton }

Certificate No. 70773
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for John Adam McInturff (Name on original certificate) who was born (Was born or died) on July 30th 1919 (Date of event) in Viola Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Aug 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McInturff	John Adam McInturff

Subscribed and sworn to before me this 29th day of Oct, 1941
L E Johnson
Notary Public, residing at Kennewick Wash
My commission expires Aug 3rd 1945
[SEAL]

Signed Annie McInturff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kennewick Wash
(Street Address, City, State) RFD #2

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 1941
W E Duffel
Notary Public, residing at Colton
My commission expires 11-29-44
[SEAL]

Signed Mrs Avery McInturff
(Signature of any credible person other than the previous affiant)
Johnson Wash.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

962-108-014-455

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 70774

Primary Registration District No. 2005

Registered No. 154

FULL NAME OF CHILD Delbert Ellis Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	August 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank D. Roberts	FULL MAIDEN NAME	Alice Mendenhall
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Allen, Nebraska	BIRTHPLACE	Salem, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James A. Young (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 8-9-1919 John S. Meyer Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1952

FEB 19 1948

266-106-014-266

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70775

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 153

Hospital

FULL NAME OF CHILD Warren Doyle Sower

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Forrest Lindsey Sower	FULL MAIDEN NAME	Lillian Swope
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Pennsylvania
OCCUPATION	U.S.R.S. Water Master	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kelley (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Registrar

Filed 8-9-1919 Joh S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1952
SEP 4 1959

MAY 12 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 7775
Local Reg. No. 95
Reg. Dist. No. 360

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1101 Chicago
(d) Name of Hospital of Maternity Home: Robinson
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home 15 ~~Days~~ Hours
In **THIS** county 7 years 10 months 20 days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Wilder
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address (For registration notice): Wilder Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Wilder, Idaho

4. FULL NAME OF CHILD Warren Doyle Sower

5. DATE OF BIRTH (Month, day, year) August 6, 1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Forrest Lindsay Sower

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Battle Creek (City or Town) Michigan (State or foreign country)

14. Exact Occupation Watermaster U.S.R.S.

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Kyle Swope

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Dents Run (City or Town) Penn. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Forrest L. Sower (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 4-30-42 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

27. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address [illegible] Date 4-30-42

DEC 2 1974

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attendi physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars requir by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birt* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nur householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or priv institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such bi having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatu to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval th 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enact

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that p pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other per charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fil proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty o misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? —

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? No

Describe: —

(3) Was mother given a Wasserman before delive

Yes — No No Pos. — Neg. —

(e) Signature of Physician? M. Haley

394-205-014-249

Form V. S. ~~No. 11-C~~ 28m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 1 St.

Hospital

Registration District No. 3

File No. 70776

Primary Registration District No. 2005

Registered No. 152

FULL NAME OF CHILD MARION IRENE TRUEBLOOD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. N. Trueblood	FULL MAIDEN NAME	Laura Smith
RESIDENCE	Caldwell, Idaho, R1	RESIDENCE	Caldwell, Idaho, R1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Registrar

Filed 8-6- 1919 John P. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 70776

Date Filed Apr 7 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 3rd, 1919 (DATE OF EVENT)
in Caldwell, Canyon Co., Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Marion Irene Trueblood

Subscribed and sworn to before me this 6th
day of April, 19 42.

F. W. Jamison

Notary Public, residing at Caldwell

My commission expires 3/29/45
(SEAL)

Signed Lavora M Trueblood
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Caldwell, Idaho Rt #1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of April, 19 42.

F. W. Jamison

Notary Public, residing at Caldwell

My commission expires 3/29/45
(SEAL)

Signed Eva B Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Caldwell, Idaho Rt #3
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

APR 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 118-205 014-613

Form V. S. No. 11-C—1512-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70777

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 1005

Registered No. 151

Hospital

FULL NAME OF CHILD Helen Irene Jaynes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert W. Jaynes	FULL MAIDEN NAME	Louise Falk
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bowdle, South Dakota	BIRTHPLACE	Milwaukee, Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. James A. Young
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Filed 8-6-1919 John S. Meyer
Registrar

Registrar

dup of 1919-DOS-327

313-202-014-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70778

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 150

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Calkins	FULL MAIDEN NAME	Adelia Horton
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Spencer, Iowa	BIRTHPLACE	Linn County, Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Dr. James A. Young
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 8-3-1919 John P. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-102-014-295

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Route 5 St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 2005

File No. 70779

Registered No. 149

FULL NAME OF CHILD Robert Lee Witty

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—			Yes	Aug 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Montia V. ~~Witty~~ Witty	FULL MAIDEN NAME	Effie Breshears
RESIDENCE	Caldwell, Idaho. Route 5	RESIDENCE	Caldwell Idaho Route 5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Elgin Oregon	BIRTHPLACE	Elgin Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho.

19

Registrar

Filed 8-7-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-11-41

MAR 1942

MAR 12 1956

244-130-014-281

PLACE OF BIRTH

Form V. S. No. II-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70780

County of Canyon

City of Caldwell

Registration District No. 9

File No.

No. St.

Primary Registration District No. 1005

Registered No. 148

Hospital

FULL NAME OF CHILD RAYMOND GEORGE RUDDEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 30 1919

FATHER		MOTHER	
FULL NAME	Sydney Rudden	FULL MAIDEN NAME	Lotta A. Shaw
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Emmett, Idaho	BIRTHPLACE	Dysart, Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) .....

James A. Young M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 8-2-1919 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 70780

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Budden (Name on Original Certificate) who Born (Was Born or Died) on (Date of Event)
in Caldwell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Budden	Raymond George Budden

Subscribed and sworn to before me this 3
day of March, 19 42

Notary Public, residing at Boise Idaho

My commission expires 12-1-44
(Seal)

Signed Iva W Perry.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1913 N. 17th Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

19421

847-130-014-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70781

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 1005

Registered No. 147

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tom E. Hughes	FULL MAIDEN NAME	Mattie Doss
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Phayetteville, Arkansas	BIRTHPLACE	Union City, Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Registrar

Filed 8-2- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

841-228-014-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70782

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1005

File No. .....

Registered No. 146

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Swart	Myra McDonald
RESIDENCE	Caldwell, Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Hopper, Nebraska	Langdon, North Dakota
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

James A. Young, M.D.
(Physician or midwife)

Address Caldwell Idaho

Filed 7-30-1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-126-014-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70783

County of Canyon

City of Caldwell

No. Route 4 St.

Hospital Home

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 145

FULL NAME OF CHILD Ralph Gordon Bonde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Niels Jensen Bonde	FULL MAIDEN NAME	Martha Alice Sieber
RESIDENCE	Route 4, Caldwell	RESIDENCE	Route 4, Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho.

19

Registrar

Filed 7-29-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-224-014-351

PLACE OF BIRTH

Form V. S. No. [illegible]-38m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70784

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 144

FULL NAME OF CHILD Sylva Claire Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 24 1919

FATHER		MOTHER	
FULL NAME	Charles Sharp	FULL MAIDEN NAME	Sylva Lewis
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fontanelle, Iowa	BIRTHPLACE	Independence, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

James A. Young M.D.
(Physician or midwife)

Address Caldwell Idaho

Filed 7-25- 1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 70784

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Sharp (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Sylva Claire Sharp

Subscribed and sworn to before me this 21st day of September, 19 77

Glenda Mae Larson

Notary Public, residing at Boise, Idaho

My commission expires Lifetime

(Seal)

Signed Marjorie Faile Sharp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 207 Hunts Ferry Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Family Bible record gives name as Sylva Claire born July 24, 1919.
viewed by V. S.

NOV 23 1977

Divorce certificate #51-2128 for Henry Weston Moody and Sylva Claire Moody dated October 31, 1951. -- viewed by V.S.
(son's birth certificate on file #298911 bd. 8/5/40 Caldwell shows that she is the same person.)

231-223-014-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70785

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 1005

File No. .....

Registered No. 143

FULL NAME OF CHILD Marion Leone Black

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 22 1919

FATHER		MOTHER	
FULL NAME	C B Black	FULL MAIDEN NAME	Ora Martin
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Indiana
OCCUPATION	Conductor on Electric Line	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

F. M. Cole M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 7-24-1919 John L. Meyers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/25/55 -

RECEIVED
JUN 8 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70785

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Black (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baby book & Certificate of confirmation 10/23/49 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:
viewed by Vital Statistisc June 8, 1955

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Marion Leone Black.

Subscribed and sworn to before me this 4 day of
June, 19 55

Marion Leone Black

Notary Public, residing at Caldwell Ida

My commission expires 1-2-57

(Seal)

Signed O B Black
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Georgia } ss.
County of Dougherty }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of
June, 19 55

W T Tanner N.P. Ba Co Ga

Notary Public, residing at Acree Ga

My commission expires 1-2-57

(Seal)

Signed O B Brown
(Signature of Any Credible Person)

Acree Ga
(Street Address, City, State)

JUN 8 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-221-014-669

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70786

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 142

FULL NAME OF CHILD Loretta Leween Hanlon

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	S (To be answered only in event of plural births)	2	Yes	7/21/19

FATHER		MOTHER	
FULL NAME	Calvin O. Hanlon	FULL MAIDEN NAME	Nettie Ford
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Connor	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

(Signature) J. W. Lee M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 7-21-1919 John L. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED APR 19 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70786

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hanlon (girl child) (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1919 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Loretta Leween Hanlon

Subscribed and sworn to before me this 18th day of March, 1966.

L. B. Duggan

Notary Public, residing at Athena

My commission expires NOTARY PUBLIC FOR OREGON

(Seal) MY COMMISSION EXPIRES JAN. 3rd 1967

Signed Nettie I Hanlon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Umatilla }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1966.

L. B. Duggan

Notary Public, residing at Athena

My commission expires NOTARY PUBLIC FOR OREGON

(Seal) MY COMMISSION EXPIRES JAN. 3rd 1967

Signed C. Hanlon

(Signature of Any Credible Person)

Athena Ave Box 52

(Street Address, City, State)

FORM DH 60-155 CL 3-1-66. nm

~~original~~ original baby book viewed by us, appears very old and unaltered gives full name of child as Loretta Leween Hanlon, born July 21, 1919, Monday, 3:36 A.M. to Calvin O Hanlon and Nettie I Hanlon - viewed by V.S.

NOV 17 1966

FEB 2 1973

238-116-014-869

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70787

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 141

Hospital Miss Mynatt's

FULL NAME OF CHILD Henry Phillip Schmidt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	S		1	yes	7/16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Phillip Schmidt	FULL MAIDEN NAME	Vera Horrace
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Harlem, Missouri	BIRTHPLACE	Peagram, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gore

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Registrar

Filed 7-21-1919 John S. Meyes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 3/7/41 RMF

113-210-014-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70788

County of Canyon

City of Middleton

Registration District No. 3

File No.

No. ..... St.

Primary Registration District No. 2005

Registered No. 140

Hospital

FULL NAME OF CHILD Geraldine Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 10 1919

FATHER		MOTHER	
FULL NAME	Eldon Jackson	FULL MAIDEN NAME	Dorris Hamilton
RESIDENCE	Huston, Idaho	RESIDENCE	Huston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Council, Idaho	BIRTHPLACE	Minneapolis, Minnesota
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James A. Young
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho (LEW)

..... 19

Filed 7-12-1919 John J. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 0 2011 X(

414-208-014-952

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70789

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 1005

Registered No. 139

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Momberg	FULL MAIDEN NAME	Agnes Besch
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mason, Texas
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Young, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 7-10-1919

John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9/29/70 995-208

PLACE OF BIRTH 014-319

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R F D Registration District No. 3 File No. 70790

No. ..... St. Primary Registration District No. 2004 Registered No. 138

Hospital .....

FULL NAME OF CHILD Florence Rinard

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	S (To be answered only in event of plural births)	8	Yes	7 8 1919

FATHER

FULL NAME: Conway A Rinard

RESIDENCE: Caldwell R F D

COLOR: W AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Adair Co Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Erma Carter

RESIDENCE: Caldwell R F D

COLOR: W AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Jewel Co Kan

OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:55 P.M. on the date above stated.

(Signature) J. H. Lee M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 7-8-1919 John S. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1969

SEP 2 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 29 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss
County of Ada

Certificate No. 70790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Myrtle Rinard (Name on Original Certificate) who was born (Was Born or Died) on July, 8, 1919 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Myrtle Rinard	Florence [redacted] Rinard

Subscribed and sworn to before me this 26 day of Aug, 1969.

Notary Public, residing at Star, Idaho

My commission expires May 22, 1973

(Seal)

X Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of August, 1969.

Notary Public, residing at Star, Idaho

My commission expires May 22, 1973

(Seal)

Signed Earl H. Rinard (Signature of Any Credible Person)

Star, Idaho (Street Address, City, State)

FORM DH 60-155 CL 4/22/69 nm

Newpaper clipping of wedding of Florence Rinard and Floyd J. Holton dated Aug 31. Appears to be old. From Homedale Newspaper. Viewed by V. S. APR 26 1917

School record from County of Canyon gives name as Florence XXXXXXX Rinard. Was enrolled in School District #44, Canyon County the first Monday of Sept. of the year 1925. School census was completed 10-6-1925. Age of Pupil Age. 6. Viewed by V. S.

219-106-014-713

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 70791

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 137

FULL NAME OF CHILD Carrel LaVern Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 6, 1919

FATHER

FULL NAME: W. H. Barnett

RESIDENCE: Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Harlan, Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: June Gallagher

RESIDENCE: Caldwell Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Fullerton, Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

James A. Munro, M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 7-10-1919

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

819-128-014-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70792

County of Canyon

City of Wilder

No. Rural, East St.

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 136

Hospital

FULL NAME OF CHILD Jesse Elmer Harris

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 28 1919

	FATHER	MOTHER
FULL NAME	Marion Lewis Harris	FULL MAIDEN NAME Selma Carol Harris
RESIDENCE	Wilder, Idaho	Wilder, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	56	27
BIRTHPLACE	Lincoln Indiana	Brownwood Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Montgomery

Physician (Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 7-2-1919 John S. Meyer

Registrar

APR 3 1968

759-116-014-892

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Wilder

No. _____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70793

Registration District No. 3 File No. _____

Primary Registration District No. 2005 Registered No. 135

FULL NAME OF CHILD Lester Byrl Perisho

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter J. Perisho	FULL MAIDEN NAME	Chloe Hibbs
RESIDENCE	Wilder Idaho	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New Providence Iowa	BIRTHPLACE	Redfield Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Bosch
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 7-9-1919 John S. Meyer
Registrar

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 Copies – 11-7-41

669-205-014-691

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 70794

Primary Registration District No. 2005 Registered No. 134

FULL NAME OF CHILD Bertha Alice Jain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Paul Jain	FULL MAIDEN NAME	Laura Alice Frank
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Warrensburg Mo	BIRTHPLACE	West Salem Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 05 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. K. Bosch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7-9-1919 John S. Meyer Registrar

B-Y CO. 24656

235-111-014-367

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. ~~109~~ 3 2005

File No. 70795

Primary Registration District No. ~~2180~~

Registered No. 133

FULL NAME OF CHILD Maris Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 11 1914

FATHER	MOTHER
FULL NAME Charles L. Stevens	FULL MAIDEN NAME Lilly Copperasmith
RESIDENCE Wilder	RESIDENCE Wilder
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Maryland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Bank

Physician (Physician or midwife)

Address Wilder Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-9- 1914 John S. Meyer Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

443-209-042-114

Form V. S. No. [redacted]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 70796

No. ..... St.

Primary Registration District No. .....

Registered No. 42

Hospital Home

FULL NAME OF CHILD Dora Hutson.

Sex of Child G. — | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth 7 (Month) 9 (Day) 19 19 (Year)

FATHER

FULL NAME Alonzo Hutson

RESIDENCE Kimberly

COLOR W. — AGE AT LAST BIRTHDAY 26. (Years)

BIRTHPLACE Utah.

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Dona May James.

RESIDENCE Kimberly.

COLOR W. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housework.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive — (Born alive or stillborn), at 5-a M. on the date above stated.

(Signature) Royal Scudder M.D.

Kimberly Idaho.
(Physician or midwife)

Address .....

Filed July 18 19 19

J. H. Davis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

JUN 18 1985

632-211-042-128

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70797

County of Twin Falls

City of Kimberly

Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 43

Hospital Home

FULL NAME OF CHILD Violet Agnes Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John P. Olson	FULL MAIDEN NAME	Holda Ash
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Royal Scudder M.H.

Kimberly
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 20 1919 J. N. Hovis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1944

AUG 4 1944

632-219-042-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev.-6-8-17

CERTIFICATE OF BIRTH 70798

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 44

FULL NAME OF CHILD Nina Lorene Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	7-19-19

FATHER		MOTHER	
FULL NAME	N. A Olson	FULL MAIDEN NAME	Anna Marie Sandberg
RESIDENCE	Kimberly Twin Falls Co Ida	RESIDENCE	Kimberly Twin Falls Co Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Saunders M.D.

Kimberly Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 28 1919

A. P. Davis Registrar

APR 23 1970

238-222-042-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Co

City of Buhl Registration District No. 36 File No. 70799

No. ..... St.

Hospital Home Primary Registration District No. ..... Registered No. 45

FULL NAME OF CHILD Eva Bell Schmidt

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	7 22 1919

FATHER		MOTHER	
FULL NAME	Chas F Schmitt	FULL MAIDEN NAME	Ethel Gunnell
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo.	BIRTHPLACE	Colo.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

(Signature) Royal Scudder MD

(Physician or midwife)

Address Kimberly, Idaho

Filed Aug 1 1919 J. A. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

BOARD OF HEALTH BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

4979

Place of Birth

City Murtaugh

Street and House No.

County Twin Falls

Registered No. 46

Registration Dist. No. 36

Sex of Child Female

Date of Birth July (MONTH) 22 (DAY) 1917 (YEAR)

Father Charles F. Schmidt (FULL NAME)

Mother Ethel Garnell (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Eva Bell Schmidt
(GIVEN NAME IN FULL) (SURNAME)

as reported by Charles F. Schmidt
(FATHER OR MOTHER)

J. W. Davis
(LOCAL REGISTRAR)

AUG 19 1965

231-123-042-819

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital ... Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-6-17

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 70800

Primary Registration District No. ..... Registered No. 46

FULL NAME OF CHILD Staley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 23 1917

FATHER		MOTHER	
FULL NAME	Warren Staley	FULL MAIDEN NAME	Mabel Hayman
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Royal Sendon M.D.

(Physician or midwife)

Address Kimberly Idaho

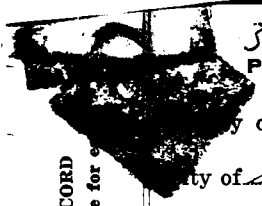
Filed Aug 1 19 18 M. Davis,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-346074



386-228-042-581

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

City of Twin Falls

County of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70801

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 47

FULL NAME OF CHILD CATHERINE Katherine Rebecca Thompson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 28 1919

FATHER		MOTHER	
FULL NAME	John Thompson	FULL MAIDEN NAME	Ellen M. Sharp
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

(Signature) J. K. Davis M. D.

(Physician or midwife)

Address Kimberly

Filed Aug 1 1919 J. K. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

APR 24 1967

JUN 12 1943

30-130-042-413

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 70802

Primary Registration District No. ..... Registered No. 48

FULL NAME OF CHILD Glenn Harold Thacker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	July	30	19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Thacker	Merle Myra Mallocks
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Tenn	Tenn
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1, A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 1 1919 J. N. Davis
Registrar

453-131-042-845

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70803

County of Twin Falls

City of Murtaugh

Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 49

Hospital Home

FULL NAME OF CHILD Vernon Decker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	July 31 19 19

	FATHER	MOTHER
FULL NAME	Frank G Decker	Martha Louise Hunter
RESIDENCE	Murtaugh, Ida	Murtaugh, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Colo	Idaho
OCCUPATION	Farmer	Hw

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

M. D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

19

Registrar

Filed Aug 5 19 19 J. M. Davis

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

231-129-014-285

83

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70804

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. ____ St.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD John Wesley Blanchard.

Sex of Child M | Twin Triplet or other? | and Number in order of birth | Legitimate? Yes | Date of Birth 7 (Month) 29 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles Myron Blanchard	FULL MAIDEN NAME Jean Alma Shillinglaw
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Oregon
OCCUPATION Ministerial Student	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30A M. on the date above stated.

(Signature) A. R. Meredith DO

(Physician or midwife)

Address

Filed Aug. 9 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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FEB 24 1983

DECEASED

319-217-014-39[redacted]

Form V. S. No. 11—25m-6-15-18

[redacted]TATE OF IDAHO
[redacted] OF VITAL STATISTICS

Coun[redacted] CERTIFICATE OF BIRTH 70805

City [redacted] Registration District No. 7 File No.

No. St. Primary Registration District No. 2006 Registered No.

Hospital

Full Name of Child Alma Gertrude Carpenter

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Fem.		Yes	July 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas. M. Carpenter	FULL MAIDEN NAME	Amanda C. Creech
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Tenessee
OCCUPATION	Ditch rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Registrar

Filed Aug. 9 1919 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235 - 214 - 014 - 649

32

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 70806

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Lois Elizabeth Stevenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	X		X	Yes	7 - 14 - 19

FATHER	MOTHER
FULL NAME Geo. Adrian Stevenson	FULL MAIDEN NAME Alice Elizabeth Furhmann
RESIDENCE R.F.D. Nampa (RD 1-Kuna)	RESIDENCE Nampa (RFD 1-Kuna)
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Colorado
OCCUPATION Rancher	OCCUPATION Ranch Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Meredith D.O.

Nampa (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 21 1919 Pearle Dodds Registrar

8-Y-CO 38071

MAR 2 1 1942

785-204-014-286

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa R.F.D. Registration District No. 7 File No. 70807

No. ____ St. Primary Registration District No. 2006 Registered No. ____

Hospital ____

FULL NAME OF CHILD Leona Irene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark Gale Phelps	Emma Brown
RESIDENCE	Nampa R.F.D.	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.9 M. on the date above stated.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Address Nampa Ida

Filed Aug. 10 1919 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-113-014-799

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70808

County of Canyon

City of Nampa-RD

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD McClellan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orin H McClellan	FULL MAIDEN NAME	Hannah P. Grigg
RESIDENCE	Union Oregon	RESIDENCE	Union Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug. 9 1919 Pearle Dodds Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-202-014-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70809**

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2006

File No. _____

Registered No. _____

Full Name of Child Dunn

SEX OF CHILD: Female

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH: Aug. 2, 1917 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Thos. Roy Dunn	FULL MAIDEN NAME: Clara May Walling
RESIDENCE: Homedale	RESIDENCE: Homedale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Washington
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug. 9 1917 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-221-014-212

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 70810

Primary Registration District No. 2006 Registered No. _____

Full Name of Child Ray

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	7 - 21 - 19

FATHER		MOTHER	
FULL NAME	Benj Willis Ray	FULL MAIDEN NAME	Adeline Baker
RESIDENCE	Three Creek Ada	RESIDENCE	Three Creek Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 9 1919 Pearle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-112-014-281

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS 70811

CERTIFICATE OF BIRTH

Registration District No. 7 File No. _____

Primary Registration District No. 2006 Registered No. _____

Full Name of Child Clarence Edward Clardy

SEX OF CHILD: Male	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Aug. 12 (Month) (Day) 1918 (Year)	

FATHER		MOTHER	
FULL NAME	Clarence Clardy	FULL MAIDEN NAME	Addie Ellen Shaver
RESIDENCE	Wilson, Ida.	RESIDENCE	Wilson, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Kansas
		OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Nampa

Filed Aug. 9 1918 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1965

645-227-014-235

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-1c

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

File No. 70812

Primary Registration District No. 2006

Registered No. .....

Full Name of Child ~~Baby~~ Funk Juanita E.

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F		Yes	7 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas H Funk	FULL MAIDEN NAME	Flora Stevens
RESIDENCE	Nampa R.F.D. No. 2.	RESIDENCE	Nampa R.F.D. No. 2.
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive July 27 '19, at 5 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

Phys.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa

Filed Aug 1919 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

[illegible] THIS IS A PERMANENT RECORD

N. B. [illegible] RETURN must be made for each and the number [illegible] stated.

239-218-014-253

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. No 1

Hospital

Form V.S. No. 11—25-1-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 70813

Primary Registration District No. 2006 Registered No.

Full Name of Child Gertrude ~~W.~~ May Kliewer Kliever

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 5 (Month) 18 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Fred Kliewer Kliever	FULL MAIDEN NAME: Katherine Becker
RESIDENCE: Nampa R.F.D. 1.	RESIDENCE: Nampa R.F.D. 1.
COLOR: W. AGE AT LAST BIRTHDAY: 46 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Nebraska
OCCUPATION: Rancher	OCCUPATION: H wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa

Filed Aug 9th 1919 Peakle Dodds

Registrar

Certified Copy issued Jan. 9, 1941. E.W.

STATE OF OREGON,)
) s:s
County of Polk.)

I, Frank F. Kliever, being first duly sworn, on oath depose and say:

That I am of the age of 67 years, and that I am a resident and an inhabitant of Polk County, Oregon. That I am the father of Helen Katherine Kliever, who was born at Aberdeen, Idaho, on September 30, 1914. That I am the father of Gertrude May Kliever, who was born at Nampa, Idaho, on May 18, 1919. That in the Bureau of Vital Statistic of the State of Idaho, the surname of my said children, Helen Katherine Kliever, and Gertrude May Kliever, appears in the records of said bureau as "Kliemer." That the surname, "Kliemer" is incorrect. That the correct surname should have been and should be "Kliever." That I make this affidavit for the purpose of correcting the said mistake in the said records and for the purpose of changing the surname of my said children, as the records appears, to that of "Kliever."

Frank F. Kliever

Subscribed and sworn to before me this 27th day of December, 1940.

Dan McKay

Notary Public for Oregon.
My Commission Expires July 6, 1942.

993-204-014-386

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 512 - 10 ave S. St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—4m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 70814

Primary Registration District No. 1886 Registered No.

Full Name of Child Mary Louise Rice

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Aug. 4 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W. Rice	Hettabell Lyon
RESIDENCE	Nampa-Ida-512-10 ave S.	Nampa-Ida-512-10 ave S.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	31
BIRTHPLACE	Washington	Minnesota
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1 50 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. McLean

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Aug. 9 19 19 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 7 1

595-114-014-138

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 113-12th Ave N. St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70815

Registration District No. 7 File No.

Primary Registration District No. 1086 Registered No.

Full Name of Child Carlos Creno

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	July 14 19

FATHER		MOTHER	
FULL NAME	John Creno	FULL MAIDEN NAME	Ida Archibal
RESIDENCE	113-12th Ave N. Nampa Ida	RESIDENCE	113-12th Ave N. Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. McClain

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Aug. 10 1919 Pearle Dodds Registrar

241-204-014-863

PLACE OF BIRTH ... Country

County of Canyon

City of Nampa

No. R.R. No 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 70816

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child Dorothy Banner Smart

SEX OF CHILD	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	x		x	yes	July 4 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Smart	FULL MAIDEN NAME	Sarah Holmes
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Aug. 9 1919 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 8 2 25 PM '73

State of ..... } ss.
County of .....

Certificate No. 70816

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smart (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 4, 1919. (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Dorothy Banner Smart

Subscribed and sworn to before me this 1st day of October, 1973.

Joyce Carter
Notary Public, residing at Salt Lake City, Utah
My commission expires 9-14-77
(Seal)

Signed Fern S. Mathis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1324 So 4th East S.L.C. Utah (Sister)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1973.

Susan A. Yates
Notary Public, residing at Nampa, Idaho
My commission expires 5-10-76
(Seal)

Signed Orval Smart
(Signature of Any Credible Person)
Nampa R 2 Idaho
(Street Address, City, State)

FORM DM 60.155 CL 2/7/73

NOV 21 1973

Certificate of Award Home Reading gives name as Dorothy Smart. from School District 11. 8th grade. dated April 28, 1933. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Dorothy Banner Smart daughter of Wm. Ramsey Smart and Sarah Ann Holines. Born July 4, 1919 Was Baptized Jan. 24, 1932. Viewed by V. S.

866-127-014-419

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 70817

Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Paul Dwight Howard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)		First	Yes	June 27 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bryan Jennings Howard	Grace Lee Maier
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	20
BIRTHPLACE	Tacoma Wash.	Stonehill Mo.
OCCUPATION	Ditchrider	Housewife

Number of child of this mother, including present birth ONE

Number of children of this mother now living, including present birth ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6/27/19 (Born alive or stillborn) at 7:30 A. M. on the date above stated.

(Signature) Thos E. Mangum M.D.

(Physician or midwife)

Address Nampa, Ida

Filed Aug. 9 1919 Pearle Dodd Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

656-103 [redacted]
025-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 70818

Primary Registration District No. 2184 Registered No. 23

FULL NAME OF CHILD .....

Sex of Child: Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: July (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chemiste Ortopate	FULL MAIDEN NAME	Amelia Thomas
RESIDENCE	Toppenish Wash	RESIDENCE	Stites Idaho
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn 5 mo. at 12 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Registrar

Filed Aug 1 1919 J M Weberkuers

Registrar

851-12[illegible]-025-443

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 70819

Primary Registration District No. 2184 Registered No. 24

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Horace Hearn	FULL MAIDEN NAME	Caroline Mercy
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

..... Registrar

Filed Aug 1 1919 J. M. Verbeekmoes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Oneida [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Oakley

449-102-016-459 No. ..... St.

Registration District No. 12

File No. 70820

Primary Registration District No. 2199

Registered No. 10

Hospital .....

FULL NAME OF CHILD Durfee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	'		'	Yes	June 2 1919

FATHER

FULL NAME Miles Barton Durfee

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leola Allene Merriman

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Florida

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Jesse L. Raine M. D.

(Physician or midwife)

Address Oakley, Idaho

Filed June 2 19 19 A. H. Nelson Registrar

418-205-016-656 AMENDED CHILD'S, FATHER'S & MOTHER'S NAMES 6-21-99 MS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gunnig

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70821

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD ~~Maybe~~ DONALD L. MABEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 5 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
DANIEL ~~Daniel L. Maybe~~	LEONARD MABEY	LAVERNIE ~~Vernie Fewkes~~	FEWKES
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed June 30 1919

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

5-17-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 1919-70821
Date Filed JUNE 30, 1919.

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED MAYBE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JUNE 5, 1919 (Date of Event)

in OAKLEY (CASSIA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED MAYBE	DONALD L. MABEY
FATHER'S NAME	DANIEL L MAYBE	DANIEL LEONARD MABEY
MOTHER'S NAME	VERNIE FEWKS	LAVERNIE FEWKES

Subscribed and sworn to before me this 18th day of June 1999.

Notary Public, [illegible]
Residing at 505 Master Lane
My commission expires 11-27-2001
(Seal)

x Donald L. Mabey
Signature of Applicant
x 1692 S 600 W Oakley, Id 83346
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 c.c. pd

STATE OF IDAHO CERTIFICATE OF DEATH FILED 4/15/77 FILE #77-1264 SHOWS LAVERNIE FEWKES MABEY DIED MARCH 29, 1977 IN BURLEY (CASSIA) ID VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 11/30/1920 FILE #1920-84965 SHOWS THE MOTHER'S NAME A LAVERNIE FEWKES AND THE FATHER'S NAME AS DANIEL LEONARD MABEY VIEWED VS. **DONALD L. MABEY IS THE INFORMANT ON THIS DEATH.**

STATE OF IDAHO CERTIFICATE OF DEATH FILED 5/2/1985 FILE #85-2089 SHOWS DANIEL LEONARD MABEY DIED APRIL 21, 1985 IN BURLEY (CASSIA) ID VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 6/10/1942 FILE #1942-349105 SHOWS THE FATHER'S NAME AS DONALD L. MABEY VIEWED VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-112-016-689
Amended 5-10-79

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

70822

Registration District No. 132

File No. XX

Primary Registration District No. 2199

Registered No. 13

FULL NAME OF CHILD ..... FARREN EUGENE MARTIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 12 1979

FATHER	MOTHER
FULL NAME Bill Martin	FULL MAIDEN NAME Mary Jane Mills
RESIDENCE Oakley	RESIDENCE Oakley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 1:45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report.

..... 19.....

Filed June 30 1979

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

BUREAU OF VITAL STATISTICS
JUN 7 55 AM '79

Certificate No. 70822

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Martin (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1919 (Date of Event)
in Oakley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Temple Record Sisters Genealogy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Farren Eugene Martin
date of birth	June 11, 1919	June 12, 1919

Subscribed and sworn to before me this 3rd day of January, 19 79

Alta Hunter

Notary Public, residing at Oakley Ida

My commission expires May 8 1982

(Seal)

Signed Lisa Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2040 - Jan Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 19 79

Alta Hunter

Notary Public, residing at Oakley Ida

My commission expires May 8 1982

(Seal)

Signed Orin Anderson
(Signature of Any Credible Person)

25 Van Buren Dr
Burley Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/26/78

83318

Ferrin Eugene Martin was born June 12 - 1919
at Oakley Idaho
Sister
Ora Anderson 25 Van England Engelen Drive Burley Ida
Lida Hill 2040 - 9th Ave Burley, Ida.

On the 3rd of January 1979 before me
Personally appeared Ora Anderson and Lida Hill
known to me to be the persons who signed the
Corrected affidavit -

MAY 10 1979

Certificate of Baptism and Confirmation gives name as Ferrin Eugene Martin son of William H. Martin and Mary Jane Whittle born June 12, 1919 at Marion, Cassia County, Idaho and Baptized July 2, 1927 in L.D.S.Church.
Viewed by V.S.

School Census Report issued by School Dist. # 19, County of Cassia on the School year commencing the first Tuesday of September, 1933. gives name as Eugene Martin born June 12, 1919.
Viewed by V.S.

799-218-016-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

70823

Registration District No. 120

Primary Registration District No. 2199

File No. XXX

Registered No. 13

FULL NAME OF CHILD Carma Ann Griffith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 18 19

FATHER

FULL NAME Ed Griffith

RESIDENCE Burley Idaho

COLOR White

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jenny Washburn

RESIDENCE Burley Idaho

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... 19.....

(Signature) H. O. Nielson

(Physician or midwife)

Address Oakley Idaho

Filed June 30 19 19 H. O. Nielson

12-6-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 8 - 1970
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 70823

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Griffith (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1919 (Date of Event) in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	omitted	Carma Ann Griffith

Subscribed and sworn to before me this 6 day of December, 1968

Hazel L. Hurlberle
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1972
(Seal)

Signed Howard Duncan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R-2 Box 121 G Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 48-4343 gives full name of mother as Carma Ann Griffith. Child born April 21, 1948

Viewed by V.S.

Church Record gives mother's name of child Ronald Shockley as Carma Ann Griffith. Church record issued July 7, 1950. LDS Church. Viewed by V.S.

DEC 9 1970

613 - 220 - 016 - 213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-9-8-17

CERTIFICATE OF BIRTH

70824

Registration District No. 170

File No. XX1

Primary Registration District No. 219

Registered No. 16

FULL NAME OF CHILD ..... Watts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	June 20 1919

FATHER		MOTHER	
FULL NAME	J. A. Watts	FULL MAIDEN NAME	Ida Bales
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... (Born alive or stillborn), at 2206 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Nelson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed June 30 19 19 J. W. Nelson

144-220-016-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

CERTIFICATE OF BIRTH

70825

Registration District No. 13a

File No. XX

Primary Registration District No. 2199

Registered No. 13

FULL NAME OF CHILD Frances Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 20 1919

FATHER		MOTHER	
FULL NAME	Benj. Judd	FULL MAIDEN NAME	Pearl Adams
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Mich
OCCUPATION	Dray Man	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. O. Nielson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

Filed June 30 19 19 M. O. Nielson Reg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of CASSIA } ss.

Certificate No. 70825

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for FRANCES JUDD (Name on Original Certificate) who BORN (Was Born or Died) on JUNE 20, 1919 (Date of Event)
in OAKLEY, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CHURCH RECORD (L.D.S.) (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Judd

Subscribed and sworn to before me this 5th
day of May, 1942.

J. C. Larson
Notary Public, residing at Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho
My commission expires My Commission expires Jan. 6, 1945
(Seal)

Signed Mrs. B. J. Judd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19.

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 6 1942

MAY 8 1942

796-225-016-965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—25m-9-8-17

CERTIFICATE OF BIRTH

70826

Registration District No. 132

File No. X.X.

Primary Registration District No. 2199

Registered No. 16

FULL NAME OF CHILD Gokovsky

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	June 25 1914

FATHER		MOTHER	
FULL NAME	Henry Gokovsky	FULL MAIDEN NAME	Gail Kay
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	California	BIRTHPLACE	Ohio
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 6 4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... 19.....

(Signature) H. D. Nielson

(Physician or midwife)

Address Oakley Idaho

Filed June 30 1914 H. D. Nielson

DECEASED

493-127-016-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 70827

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 16

FULL NAME OF CHILD Mitten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. L. Mitten	FULL MAIDEN NAME	LaVerne Croft
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Dead (Born alive or stillborn), at 10.15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed June 30 1919 N. H. Nielson Reg.

263-104-016-213

PLACE OF BIRTH name added 10/7/80

Form V. S. No. M-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70828

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 18

FULL NAME OF CHILD Richard Everett Koch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	July 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Everett Koch	FULL MAIDEN NAME	Alice Marie Bates
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Rains, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed July 30 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT ORIGINAL CERTIFICATE

RECEIVED
SEP 26 1980
Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 70828
Date Filed Sept 24, 1980

The undersigned does solemnly swear that certain facts on the certificate of birth 7/4/1919

for Unnamed Koch (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 4, 1919 (Date of Event)

in Basin, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Richard Everett Koch

Subscribed and sworn to before me this 24th day of September, 1980

Notary Public, E Dan Rasmussen

Residing at Salt Lake City, Utah

My commission expires Sept 29, 1982

(Seal)

Marie B. Koch
Signature of Applicant

2280 Carriage Lane #93
Street Address, City, State

Salt Lake, Ut 84117

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1980

Notary Public, E Dan Rasmussen

Residing at Salt Lake City, Utah

My commission expires Sept 29, 1982

(Seal)

Virginia Koch Kirkham
Supporting Signature

1963 East 5150 South
Street Address, City, State

Salt Lake City, Utah 84117

9/3/80 RUSH 1cc pd. rec. # 5379

Cert-if of Baptism from the LDS Church gives name as Richard Everett Koch son of Horace E. M Koch and Maria F. Bates. born July 4, 1919 at Oakley, Idaho Baptized Aug 6, 1927. viewed by V. S.

OCT 8 1980

Honorable Discharge from the US Army gives nameas Richard E. Koch born July 4, 1919 at Oakley,Idaho. date of separation April 9, 1946. viewed by V. S.

625-204-016-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

Registration District No. 120

File No. ~~XXI~~ 70829

Primary Registration District No. 2199

Registered No. 19

FULL NAME OF CHILD Rachel Christina Okelberry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-		-	Yes	July 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Sandberg Okelberry	FULL MAIDEN NAME	Irene Eliza Smith
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainsmith

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed July 24 1919

..... Registrar

A. H. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1973

419-205-016-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70830

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 20

FULL NAME OF CHILD Martindale

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		—	Yes	July 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Alonzo Martindale	FULL MAIDEN NAME	Marzette Hunter
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 20 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Oakley, Idaho

..... 19.....

Filed July 30 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S13-214-016-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70831

County of Cassia

City of Oakley, Idaho

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 21

FULL NAME OF CHILD Hale

Sex of Child Female

Twin Triplet or other? - and Number in order of birth -
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 14 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie Quayle Hale	FULL MAIDEN NAME	Otelia Ila Baker
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed July 21 1919 [signature]

Registrar

Registrar

619-114-016-391

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70832

County of Cassia

City of Oakley, Idaho

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	July 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Harvey Fairchild	FULL MAIDEN NAME	Eva Alice Craner
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer (deceased)	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed July 30 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-218-016-417

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2Km-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70833

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 22

FULL NAME OF CHILD LaVaun Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Smith	FULL MAIDEN NAME	Mae DeLa Mar
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 45th M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed July 30 1919 A F O Nielson

K

APR 1 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 24 10 11 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 70833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	LaVaun Smith

Subscribed and sworn to before me this 23rd day of June 19 75

Alta Hunter

Notary Public, residing at Oakley Idaho

My commission expires May 8th 1978

(Seal)

Signed Thomas K. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June 19 75

Alta Hunter

Notary Public, residing at Oakley Ida

My commission expires May 8th, 1978

(Seal)

Signed Margene S. Alton
(Signature of Any Credible Person)

Box 139, Oakley Id. 83346
(Street Address, City, State)

FORM DH 60-156 GL 4/10/75

Membership record from the LDS Church gives name as LaVaun Smith Hardy. born July 18, 1919 at Marion, Idaho, father's name as Joseph Smith and mother's name as DeLa Mare, Mae. Blessed Oct. 5, 1919 and Baptized Sept. 3, 1927. Viewed by V JUL 15 1975

Marriage certif. from Utah gives name as Ariel Elden Hardy and LaVaun Smith. dated Sept. 1, 1939. viewed by V. S.

819-219-016-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—25m-9-8-17

Registration District No. 120

File No. 70834

Primary Registration District No. 2199

Registered No. 23

FULL NAME OF CHILD ALTA Harper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. T. Harper	FULL MAIDEN NAME	Olive Wilson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. O. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed July 30 1919 A. T. O. Nielson

JUL 5 1967

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 70834

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alta Harper

Subscribed and sworn to before me this 8
day of June 1942
C. G. Larsen
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed William Taylor Harper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of June 1942
C. G. Larsen
Notary Public, residing at Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho
My commission expires My Commission expires Jan. 6, 1945
(Seal)

Signed William Taylor Harper
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUN 9 1942

JUL 5 1967

JUN 1 2 194

314-222-016-144

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 70835

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 24

FULL NAME OF CHILD LeRoy Elvin Tadlock

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 22 1917

FATHER		MOTHER	
FULL NAME	Leslie Tadlock	FULL MAIDEN NAME	Vergie Judd
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

Filed July 30 1917 A. O. Nielson

7-12-41

DECEASED

319-123-016-389 Amended 5/7/79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70836

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 25

FULL NAME OF CHILD Lamont Larsen

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth July 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Enoch Larsen	FULL MAIDEN NAME	Mabel Christiansen
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Dairy Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed July 30 1919 N F O Nielson

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 8 44 AM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New Mexico } ss.
County of Dona Ana

Certificate No. 70836

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Larsen (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1919 (Date of Event)

in Oakley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family Record, Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lamont Larsen

Subscribed and sworn to before me this 2nd day of March, 1979

Mark R. Gomez

Notary Public, residing at Las Cruces, N.M.

My commission expires 3-6-81

(Seal)

Signed Reed Larsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1409 Lees Dr Las Cruces New Mexico 88001

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 10/16/78

From Book of Births and Blessings 1919 gives name as Lamont Larson. father's name as Enoch R. Larson and mother's name as Mable M. Christianson. born July 23, 1919 at Oakley, Idaho. Blessed Oct 5, 1919. viewed by V. S.

MAY 7 1979

Family record for Lamont Larsen bor 1919.father's name as Enoch Rolf Larsen and mother's name as Mabel Malinda Christiansen. viewed by V. S.

319-227-016-4166

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70837

Registration District No. 130 File No. XX

Primary Registration District No. 299 Registered No. 26

FULL NAME OF CHILD Ora Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 27 19

	FATHER	MOTHER
FULL NAME	August Larsen	Edna Moore
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	36 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at 1145 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Wilson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

..... Filed July 30 19 19 N. O. Wilson

OCT 3 1972

OCT 5 1972

OCT 11 1943

Amended 1-20-60

PLACE OF BIRTH

363-130-016-363

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 70838

Primary Registration District No. 2199 Registered No. 27

FULL NAME OF CHILD Jaren Lambert Tolman

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 30, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Parley Tolman	FULL MAIDEN NAME: Vilate Tolman
RESIDENCE: Oakley	RESIDENCE: Oakley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) A.F.O. Nielson

Physician (Physician or midwife)

Address Oakley, Idaho

Filed July 30, 1919 A.F.O. Nielson Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

S[illegible]O
BUREAU [illegible]TISTICS
CERTI[illegible]TH

70838

Registration District No. 12

[illegible] No. XXX

Primary Registration District No. 2177

Registered No. 57

FULL NAME OF CHILD Tolman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Tolman	FULL MAIDEN NAME	Vilate Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed July 30 1919 N. F. O. Nielson

APR 2 0 1960

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 70838

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Tolman (Name on Original Certificate) who born (Was Born or Died) on July 30, 1919 (Date of Event) in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jaren Lambert Tolman

Subscribed and sworn to before me this 25th day of November, 1959.

Herman E Bedke
Notary Public, residing at Burley, Idaho
My commission expires 6-13-61
(Seal)

Signed Parley Lambert Tolman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

824 Oakley Ave Burley, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of November, 1959.

Herman E Bedke
Notary Public, residing at Burley
My commission expires 6-13-61
(Seal)

Signed Leola Badger
(Signature of Any Credible Person)

718 Oakley Ave Burley Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 9-3-59. one copy pd. receipt #15121.

L.D.S. Church Certificate of Ordination, ordained a Deacon, Feb. 7, 1932 gives full name as Jaren Lambert Tolman, born July 30, 1919 at Marion, Idaho to Parley L. Tolman and Violate Tolman - viewed by V.S.

L.D.S. Church Certificate of Ordination, ordained a Teacher, Aug. 16, 1936 gives full name as Jaren Lambert Tolman, born July 30, 1919 at Marion, Idaho to Parley L. Tolman and Vilate Tolman - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2[illegible]

[illegible] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Sunnydell

No. 243-130-033-318 St.

Hospital

Registration District No. 100

Primary Registration District No. 2178

File No. 70839

Registered No.

FULL NAME OF CHILD Silas Glenn Buckland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Claude J Buckland	FULL MAIDEN NAME	Eliza Ann Taylor
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sunnydell, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Hiatt D.O.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rexburg Ida

Filed 7/12 1919 G. G. Espe Registrar

S-Y CO. 24655

DEC 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—[illegible]

[illegible] OF IDAHO
[illegible] OF VITAL STATISTICS

[illegible]TIFICATE OF BIRTH

[illegible] Jerome

City of Jerome

No. 689-226-027-234 St.

Hospital

Regis[illegible] No. 23

File No. 70840

Prima[illegible] District No. 1017-2017

Registered No.

FULL NAME OF CHILD June Ailene White

Sex of Child	Twin Triplet or other?	Legitimate?	Date of Birth
7	— and — (To be answered only in [illegible] births)	Yes	June 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward B. White	FULL MAIDEN NAME	Mathi Stuck
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible]	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Sheriff	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 99 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Jerome Ida

19

Filed 7/6 1919 E. D. Piper

Registrar

Registrar

S-Y CO. 24[illegible]

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Mateo }

Certificate No. 70840

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for June Ailene White (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 26 1919 (DATE OF EVENT)
in Jerome, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ailene	June Ailene White

Subscribed and sworn to before me this 30th
day of December, 1943
Edmund B. Tilgner
Notary Public, residing at San Mateo Co Calif
My commission expires My Commission Expires October 21, 1946
(SEAL)

Signed Mattie M. White (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
220 Milton Ave San Bruno, California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 30th
day of December, 1943
Edmund B. Tilgner
Notary Public, residing at San Mateo Co Calif.
My commission expires My Commission Expires October 21, 1946
(SEAL)

Signed Louise Jarma
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
220 Milton Ave San Bruno, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 5 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—rev. 1918

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70841

County of Jerome

City of Jerome

417-230-027-417

No. ____ St.

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Nancy Virginia Daggatt

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F	—	—	Yes	June 30 1918

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Berry Daggatt	Margaret Maxwell
RESIDENCE	Jerome Ida	Jerome Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Ill.	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. D. Pyle M.D.

(Physician or midwife)

Address Jerome

Filed Feb 19 19 E. D. Pyle Registrar

2-Y CO. 24698

JAN [illegible] 1942

466-202-027-652

Form V. S. No. 11—[illegible]-1-1-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital _____

Registration District No. 23 File No. 70842

Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD Bernice Moon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes	July 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Roy Moon	FULL MAIDEN NAME	Vivian E West
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Jerome

Filed 7/6 1919 E. D. Piper Registrar

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1942

235-117-027-769

PLACE OF BIRTH

County of Jerome

City of Eden

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70843

Registration District No. 23 File No. _____

Primary Registration District No. 107-027 Registered No. _____

FULL NAME OF CHILD Delmar Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	June 17 1919

FATHER		MOTHER	
FULL NAME	Otis Stephens	FULL MAIDEN NAME	Ethel Gozia
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ills	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Glenn

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7/9/19 19____ E. D. Pike Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-210-027-613

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70844

County of Jerome

City of Eden

No. _____ St.

Hospital _____

Registration District No. 23 File No. _____

Primary Registration District No. 1017-2027 Registered No. _____

FULL NAME OF CHILD June Margie Woodland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	June 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Woodland	FULL MAIDEN NAME	Lavon ~~Gozia~~ Walton
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKenzie

(Physician or midwife)

Given names added from a supplemental report.

Address Hazelton Ida

_____ 19__

Filed 7/9 1919 E. D. Piper

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1952

767-208-[illegible]-767

PLACE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital Lame

Registration District No. 19

Primary Registration District No. 2019

File No. 70845

Registered No. 145

FULL NAME OF CHILD Dorthy Rene Pope

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl		7	Yes	June 8 [illegible] (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W K Pope	FULL MAIDEN NAME	May S Pope
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oakley Ida	BIRTHPLACE	Liberty Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borned alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Smith (Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 7 1919 E W Elmore Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 9 1952

751-110
034-683

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Mindoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70847

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 147

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James H. Pearson	FULL MAIDEN NAME	Maud Lee Wilder
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Harmer	OCCUPATION	Hauf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 7-29 1919 Ett Elmore Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE
TO BAKER

DUP OF 19-317162

853-105-034-395

Amended 3-30-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70848
Local Reg. No. 148
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Minidoka

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paul, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Minidoka

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paul

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Heber b. (Middle): Virgil c. (Last): Hellewell

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 7 - 3 - 1919

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): B. c. (Last): Hellewell

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth b. (Middle): E. c. (Last): Liechty

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. H. Elmore, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rupert, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7-29-1919

22. REGISTRAR'S SIGNATURE: E.H. Elmore

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ON OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 70848

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Heber Virgil Hellewell (Birth or ~~Death~~)
for (Name on Original Certificate) who was Born on July 3 1919 (Was Born or Died) (Date of Event)
in Paul Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Heber Virgil Hellewell
Heber Virgil Hellewell		

Subscribed and sworn to before me this 1st
day of June 19 42

Notary Public, residing at Burley Idaho
My commission expires Feb 17, 1944
(Seal)

Signed James B Hellewell Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Paul Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of June 1942, 19

Notary Public, residing at Burley Idaho
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3 1942

MAR 30 1967

JUN 5 1942.

MAY 25 1956

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 15 1967
Bureau of Vital Statistics

State of Idaho
County of Minidoka } ss.

Certificate No. 70848

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Heber Virgil Hellewell (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1919 (Date of Event)
in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Birthplace	Heyburn, Idaho	Paul, Idaho
Parent's Residence (at time of this child's birth)	Heyburn	Paul, Idaho

Subscribed and sworn to before me this 16th day of January, 19 67

Notary Public, residing at Rupert, Idaho
My commission expires Feb. 28, 1970
(Seal)

Signed Elizabeth Hellewell (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn, Idaho 83336
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 19 67

Notary Public residing at Rupert, Idaho
My commission expires Feb. 28, 1970
(Seal)

Signed Mary McAlister
(Signature of Any Credible Person)

Rupert, Idaho R.F.D.
(Street Address, City, State)

FORM DH 60-155 CL 12-23-66. nm

Statement from Doyle Lowder, Clerk, Minidoka County Schools, Rupert, Idaho dated January 25, 1967 - states "This is to verify that according to School Census Records on file in this office taken annually from 1925 through 1932, Heber Virgil Hellewell was born July 3, 1919 at Paul, Idaho, a son of Elizabeth Liechty Hellewell and James B. Hellewell." - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #368744 gives full name of father as Heber Virgil Hellewell, age 24, born in Paul, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70848

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 148

FULL NAME OF CHILD HEBER VIRGIL HELLEWELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 — 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James B. Hellewell	FULL MAIDEN NAME	Berchty, Elizabeth E.
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

..... Registrar

Filed 7-29 1919 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Manadoka

City of Paul

853-120-034-219

No. ..... St.

Hospital .....

[redacted] BUREAU OF [redacted]

CERTIFICATE OF BIRTH

70849

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 149

FULL NAME OF CHILD [redacted] Hellewell Oscar W.

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 20 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Robert Hellewell	FULL MAIDEN NAME Adeha E. Barlow
RESIDENCE Paul	RESIDENCE Paul
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Hsf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Edmonds

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7-29-19 E. H. Edmonds

Registrar

[redacted]

289-227-034-312

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

TISTICS

CERTIFICATE OF BIRTH

70850

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 11

File No. .....

Primary Registration District No. 2015

Registered No. 150

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Byington	FULL MAIDEN NAME	Mary Ann Laskey
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	67 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Ehmore

M D

(Physician or midwife)

Given names added from a supplemental report.

Address Rupert

..... 19....

Filed 7-29 1919 E H Ehmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-119-034-343

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 17 File No. 70851

Primary Registration District No. 2015 Registered No. 151

FULL NAME OF CHILD Robert Curtis Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Murphy	FULL MAIDEN NAME	Caroline E. Tullis
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ohio
OCCUPATION	Banker	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M. D.
(Physician or midwife)

Address Rupert

Filed 7-29 1919 Ett Elmore
Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 14, 1941. E.M.

MAR 15 1971

819-228-034-365

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70852

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 152

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	July 28 1919

FATHER	MOTHER
FULL NAME Frank O. Ham	FULL MAIDEN NAME Blanche Boodless
RESIDENCE Rupert	RESIDENCE Rupert
COLOR white AGE AT LAST BIRTHDAY 32 (Years)	COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebr	BIRTHPLACE Utah
OCCUPATION Barber	OCCUPATION Dwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Elmore

M.D. (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-29-1919 A. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1975
SEP 1 2 2006

128-101-034-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 70853

Registered No. 153

FULL NAME OF CHILD Lyle Howard Ashlock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilbur John Ashlock	FULL MAIDEN NAME	Ethel Mignon Hamilton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Avise
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Aug 7 1919 E H Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 2 1944

811-103-034-365

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 70854

Registered No. 154

FULL NAME OF CHILD Joseph Eugene Haas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Laurence Haas	FULL MAIDEN NAME	Bena Adeline Condit
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Aug 7 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Three-Certified copy issued 2-17-1941. dp

APR 1 1943

JUN 1 1943

562-209-034-735

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

Name added 4-10-01

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 70855

Primary Registration District No. 2015

Registered No. 155

FULL NAME OF CHILD Elinora Noble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Lawrence Noble	FULL MAIDEN NAME	Bell Laura Pleasant
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Ida

Filed Aug 10 1919 Ett Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-3-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 11 1 44 PM '81

State of IDAHO
County of MINIDOKA } ss.

Certificate No. 70855
Date Filed 3/6/81

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Noble (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-9-19 (Date of Event)

in Rupert(Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
~~childs name~~	Unnamed	Elinora Noble

Subscribed and sworn to before me this 6th day of MARCH, 1981.

Notary Public, [signature]
Residing at RUPERT, IDAHO
My commission expires LIFE
(Seal)

Elinora Lorson
Signature of Applicant
321 West Main Burley, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of MINIDOKA } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of MARCH, 1981.

Notary Public, [signature]
Residing at RUPERT, IDAHO
My commission expires LIFE
(Seal)

Stella Cole
Supporting Signature
1623A St. Rupert Idaho
Street Address, City, State

1 cc pd

L. D. S. Seminaries Certificate of Graduation gives name as Elinora Noble completed the course of study prescribed for Seminaries of the L. D. S. church and was awarded the certificate on May 23, 1937.
Viewed by V.S.

APR 10 1981

- Family Record issued by family, mother, Stella Noble Cole states that Elinora Noble was born at Rupert, Idaho on August 9, 1919. Original record old. Viewed by V.S.

813-106-026-238

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE [redacted] m V. S. No. 11—25m-6-15-18

BUREAU OF V[redacted]TISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 70856

Primary Registration District No. 2176

Registered No. 156

Full Name of Child Ray Haller

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH May 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Haller	FULL MAIDEN NAME	Mary Schumter
RESIDENCE	Roberts.	RESIDENCE	Roberts
COLOR	W AGE AT LAST BIRTHDAY 65 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	H's w'f.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Roberts

Filed 8/10 1919 Ray H. Fisher

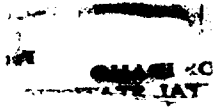
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



dup of 1919-906667

993-117-026-238

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 70857

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 155

Full Name of Child Wm Harry Ritchey

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	June 17 1919

FATHER

FULL NAME: Harry C. Ritchey

RESIDENCE: Roberts

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Irene Schreitling

RESIDENCE: Roberts

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Filed 8/10 1919 Ray H. Fisher

Registrar

Given names added from a supplemental report

....19....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1960

dup of 1919-90663

313-104-026-313

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 70858

Registration District No. 98

Primary Registration District No. 2176

File No. ____

Registered No. 154

Full Name of Child ____

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	Yes
DATE OF BIRTH	Aug 4 19 (Month) (Day) (Year)				

FATHER		MOTHER	
FULL NAME	Lewis S. Later	FULL MAIDEN NAME	Chloe Call
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby Ida

Filed Aug 19 19 Ray H. Fisher
Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~ 864-113-026-843

PLACE OF BIRTH

County of Jefferson

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70860

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 152

Full Name of Child Donald Earl Young

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: 1 (Month) 13 (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Jas F. Young	FULL MAIDEN NAME	Susie Hulse
RESIDENCE	Rupert	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Bruce

(Physician or midwife)

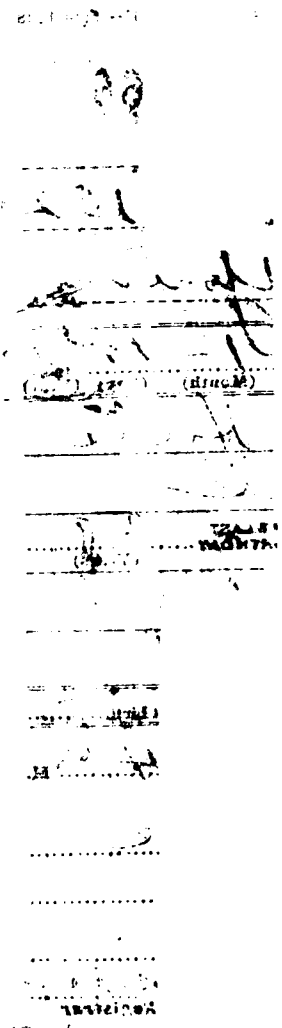
Address Rupert

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 8/10 19 19 Ray H Fisher Registrar



MAY 10 1948

APR 18 1961

693-227-026-245

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70861

Registration District No. 98

File No. ____

Primary Registration District No. 216

Registered No. 157

Full Name of Child June Willoughby

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		yes	12 7 1919

FATHER

FULL NAME: Sam L. Willoughby

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Ella Cunningham

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housework

Number of child of this mother, including present birth: 4th Number of children of this mother now living, including present birth: 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 8/10 19 19 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1945

631-131-026-389

PLACE OF BIRTH

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70863

Primary Registration District No. 2176 Registered No. 149

Full Name of Child JAMES CLINTON OLAVESON

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Mch 31 (Month) (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Hans Olaveson	FULL MAIDEN NAME	Maude Christopherson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:25 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/10 1919 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 70863

County of Los Angeles } Date Filed DEC 1 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 31, 1918 (DATE OF EVENT)

in Menan, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 5, 1927 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	James Clinton Olaveson

Subscribed and sworn to before me this 8th day of December, 1942

Mrs Mosie Blain

Notary Public, residing at 3944 W 111th St

My commission expires My Commission Expires February 7, 1945

(SEAL) NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed R. Blain

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3944 W. 111th St Inglewood Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of December, 1942

Mrs Mosie Blain

Notary Public, residing at 3944 W 111th St Inglewood

My commission expires My Commission Expires February 7, 1945

(SEAL) NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed O. D. Olaveson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4878 W. 140 St Hawthorne Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 15 1942

855-128-026-213

PLACE OF BIRTH

County of Jefferson

City of Rubie

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70865

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 147

Full Name of Child Robert Heesen

SEX OF CHILD: M | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | DATE OF BIRTH: Feb 28 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Chas Heesen	FULL MAIDEN NAME	Ruth Backus
RESIDENCE	Rubie	RESIDENCE	Rubie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mont.
OCCUPATION	farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Rubie

Given names added from a supplemental report

....19....

....
Registrar

Filed 8/10 1919 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-120-026-259

PLACE OF BIRTH

County of Jefferson

City of Kirie

No. ..... St.

Hospital .....

[redacted]

25m-6-15-18

BUREA[redacted]

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 70866

Registered No. 146

Full Name of Child Chase Anderson Jr.

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Apr 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chase Anderson	FULL MAIDEN NAME	Myrtle T. Bergman
RESIDENCE	Kirie	RESIDENCE	Kirie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Merchant	OCCUPATION	Hswf.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Kirie

Filed 8/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1943

814-214-026-391

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70867

Primary Registration District No. 2176 Registered No. 145

Full Name of Child Opal Naomi Haddon

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	Feb 14 19

FATHER		MOTHER	
FULL NAME	John Haddon	FULL MAIDEN NAME	Harriet R Crapo
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

....., 19....

Registrar

Filed 8/10 19 19 Ray H Fisher

Registrar

MAY 1 2 1943

462-222-026-315

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 70868

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 144

Full Name of Child Letha Ruby Moss

SEX OF CHILD: F | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | DATE OF BIRTH: Feb 22 (Month) (Day) 19 (Year)

FATHER

FULL NAME: Alma Moss

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Eliz. Cannon

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 8/10 1919 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-119-026-652

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70871

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

Registration District No. 98 **File No.** .....

Primary Registration District No. 2176 **Registered No.** 141

Full Name of Child .....

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 6 (Month) - 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Martin A. Christensen	FULL MAIDEN NAME	Idella Webster
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Menan

Filed 8/10 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

446-129-026-296

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70872

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 140

Full Name of Child ____

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	June 29 (Month) (Day) 19 (Year)				

FATHER		MOTHER	
FULL NAME	Jacob A. Duffy	FULL MAIDEN NAME	Emelia M. Brown
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 8/10 19 19 Ray H. Rushen
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-217-026-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70873

Primary Registration District No. 2176 Registered No. 139

Full Name of Child Lola Emmeline Freeman

SEX OF CHILD	I	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
				yes	4 - 17 - 19

FATHER		MOTHER	
FULL NAME	Milton J. Freeman	FULL MAIDEN NAME	Lydia Adams
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary S. Mitham

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 8/10-19 Ray H. Fisher Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 6 1964
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 70873

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Freeman (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 17, 1919 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lola Emmeline Freeman

Subscribed and sworn to before me this 2 day of July, 1964

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug. 28-1966

(Seal)

Signed x Lydia S. Freeman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of July, 1964

Notary Public, residing at Idaho Falls

My commission expires Aug 28-1966

(Seal)

Signed Ethelyn Clark
(Signature of Any Credible Person)

1095 Foster Ave - Idaho Falls Ida.
(Street Address, City, State)

FORM DH 60-155 CL 9-24-63. one copy pd. rec. #10501.

Marriage Certificate, State of Utah, County of Salt Lake, married Feb. 16, 1939 gives full name of groom as Alma Milo Gifford and full name of bride as Lola Emmeline Freeman - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #306893 gives full maiden name of mother as Lola Emmeline Freeman - viewed by V.S.

SEP 29 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. 331-216-026-312 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

70874

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 138

Full Name of Child Juanita Ardith Clark

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 5 (Month) / 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Clark	FULL MAIDEN NAME	Leona Lasson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby Ida

Filed 8/10 1919 Ray H Fisher
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Bybee

No. 299-228-026-295 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—[illegible]

CERTIFICATE OF BIRTH 70875

Registration District No. 98

File No.

Primary Registration District No. 2176

Registered No. 137

Full Name of Child ~~Nellie~~ Leola May Birch

SEX OF CHILD: I	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 5/28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M. Birch	FULL MAIDEN NAME	Ruby B. Kinghorn
RESIDENCE	Bybee	RESIDENCE	Bybee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby

Filed 8/10 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

8—If the case of twins or triplets, add a letter to the number given for each child, in order of birth.

PLACE OF BIRTH

County of

3/24/41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RESIDENCE

BIRTHPLACE

ODOR

917-125-026-993

[redacted]

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 70876

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 136

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 – 25 1919

FATHER		MOTHER	
FULL NAME	W. R. Rapp	FULL MAIDEN NAME	Louisa Ritter
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 8/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-126-026-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-5-17

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70877

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 135

FULL NAME OF CHILD Charles Whittle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4-26-19

FATHER		MOTHER	
FULL NAME	Thomas Whittle	FULL MAIDEN NAME	Lydia Rolfe
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smithan

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/10 1919 Registrar

JAN 23 1981

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. 919-124-036-459 St.

Hospital

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70878

name added 4-30-82

Registration District No. 98

File No.

Primary Registration District No. 2176

Registered No. 134

Full Name of Child Paul Austin Rainey

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Jan (Month) 24 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Rainey Roy	FULL MAIDEN NAME	Ida DeRoche
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 12 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

Rigby
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 8/10 1919 Ray H Fisher
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 70878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed male Rainey (Name on Original Certificate) who was born (Was Born or Died) on January 24, 1919 (Date of Event) in Lorenzo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
full name of child	unnamed Rainey	Paul Austin Rainey

Subscribed and sworn to before me this 30th day of April, 1982

Notary Public, residing at Nampa

My commission expires April 3, 1985

(Seal)

Signed Paul Austin Rainey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

260 Valley Circle Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL sent 3/3/78 1 card paid #17874 [redacted]

Photocopy of certificate of ordination as a deacon in the LDS Church gives: Paul Austin Rainey born as Annis, Jeff. Co., Idaho to Roy S. and Ida De Roche. Ordained June 5, 1932 by Vernon G. Christoffersen, Ward Clerk. Cache Ward, Teton Stake. -- viewed by V.S.

APR 30 1982

Cert of Baptism from LDS Church gives Paul Austin Rainey born Jan 24, 1919 in Jefferson County to Roy S Rainey and Ida De Roche was baptised 12-28-29. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

No. 11—25m-6-[illegible]-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. 364-226-026-791 St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70879

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 133

Full Name of Child Sally B. Tomita

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Jan (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tom Tomita	FULL MAIDEN NAME	Bessie Gray
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	yellow	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Japan	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 8/10 1919 Ray H. Fisher Registrar

3 1950

369-126-026-405

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Form ... No. 11—25M-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70880

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 132

Full Name of Child IVAN DALE CORDON

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M				yes	Jan 26 19 19

FATHER		MOTHER	
FULL NAME	Alfred Cordon	FULL MAIDEN NAME	Nesda Montague
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:55 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. M. Palmer

Rigby (Physician or Midwife)

Address .....

Filed 8/10 1919 Ray H. Fisher Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 70880
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who was born on January 26, 1919 (Was born or died) (Date of event)
in Rigby, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (Bible record, insurance policy, etc.) prepared on shortly after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Ivan Dale Cordon

Subscribed and sworn to before me this 27th
day of September, 1941
Oda Wiedenbrick
Notary Public, residing at 4380 Wightman
My commission expires Sept. 29, 1943
[SEAL]

Signed A. J. Cordon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2325 - 39th St San Diego, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 15 1964

265-111-026-3/2

Father's name amended 6-11-87 lh

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70882

Registration District No. 95 File No. _____

Primary Registration District No. 2176 Registered No. 130

Full Name of Child COLEN HAGLE SWEETEN, JR.

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Jan 11 (Month) (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Colen Sweeten	FULL MAIDEN NAME	Mary Casper
RESIDENCE	Holbrook Ida.	RESIDENCE	Holbrook Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:25 A. M on the date above stated.

(Born ~~alive or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer.

Rigby.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed 8/10/19 Ray F. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-21-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

JUN 11 11 31 AM '87

Certificate No. 70882
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Colen Hagle Sweeten, Jr. (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 11, 1919 (Date of Event)

in Rigby, Jefferson Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Father's first name	Colon	Colen

Subscribed and sworn to before me this 11 day of June, 1987

Notary Public, Janice L. Dyrek

Residing at Boise Idaho

My commission expires 6-22-91

(Seal)

x Colen H Sweeten Jr.
Signature of Applicant

x 1121 Johnson Boise, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JUN 1 1 1987

Missionary Certificate from LDS Church gives name as Colen H. Sweeten .
Signed at Salt Lake City, UT June 9, 1903.
Viewed by V.S.

Marriage Certificate, State of Utah, Co. of Salt Lake gives name as Colen H. Sweeten married to Mary A. Casper on Oct. 8, 1914.
Viewed by V.S.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 70882

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Colen Hagle Sweeten, Jr.

Subscribed and sworn to before me this 25 day of November, 1947

Signed Mary C. Sweeten
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Malad Idaho

My commission expires January 20 1948

(SEAL)

Malad Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of November, 1947

Signed Stephen L. Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Malad Idaho

My commission expires January 20 1948

(SEAL)

Malad Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 30 1942

MAY 9 1960

363-114-026-168

PLACE OF BIRTH

County of Gerson

City of Menan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH 70883

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 129

Full Name of Child Milton James Lott

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Jan 14 18

FATHER		MOTHER	
FULL NAME	John Lott	FULL MAIDEN NAME	Otilda Johnson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8/10 19 19 Ray H. Fisher

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAR 28 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 70885

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Milton James Lott (Name on Original Certificate) who Born (Was Born or Died) on January 14 1919 (Date of Event)

in Menan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Milton James Lott

Subscribed and sworn to before me this 4th day of April 1944.

Notary Public, residing at Roberts Idaho

My commission expires 10-21-44

(Seal)

Signed Otilda J. Lott

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Menan Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 4 1944

759-101-026-395

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70884

Registration District No. 78 File No. _____

Primary Registration District No. 2176 Registered No. 128

Full Name of Child Perry Ernest Charles Geisler

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.			yes.	Feb 1 1918

FATHER		MOTHER	
FULL NAME	Peter Geisler	FULL MAIDEN NAME	Ellen E Lindsay
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 A M on the date above stated.

(Signature) A M Palmer

(Physician ~~or midwife~~)

Address Rigby

Filed 8/10 1918 Ray H Fowler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JUN 22 1965

MAY 18 1944

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Form V. S. No. 11

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70885

Primary Registration District No. 2176 Registered No. 127

Full Name of Child Donna Jean Ellsworth

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Feb 19 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leigh Ellsworth	FULL MAIDEN NAME	Clara Haywood
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby (Physician or midwife)

Given names added from a supplemental report,

..... 19.....

..... Registrar

Address .....

Filed 8/10 19 19 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/23/41. w.h.

AUG 6 1974

493-122-026-259

PLACE OF BIRTH

Form U. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70886

County of Jefferson

City of Rigby

Registration District No. 9-8

File No.

No. St.

Primary Registration District No. 2176

Registered No. 126

Hospital

FULL NAME OF CHILD Robert Hawley Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Feb 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. E. Miller	Hazel Kerr
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

.....19.....

Registrar

Filed 8/10 19 19 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 21 9 29 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Monterey

Certificate No. 70886

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1919 (Date of Event)
in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Robert Hawley Miller

Subscribed and sworn to before me this 19th day of Dec., 1972

D. L. CARTER
NOTARY PUBLIC
Monterey County, Calif.
My commission expires Nov. 15, 1974

Notary Public, residing at Carmel, Ca.
My commission expires Nov. 15, 1974

Signed Hazel A Miller Husted
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Mother) Box 4394 Carmel, Ca. 93921
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/12/72 nm

Honorable Discharge from U.S. Navy gives name as Rovert Hawley Miller. Date of separation Jan. 6, 1947. Date of birth Feb. 22, 1919. Viewed by V. S.

DEC 29 1972

Apllication to the New York Life Ins. Co, gives name as Robert H. Miller. Dated April 7, 1939. Viewed by V. S.

719-124-026-667

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70887

Primary Registration District No. 2176 Registered No. 125

Full Name of Child _____

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. M. Park.	FULL MAIDEN NAME	Jane Fox
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	N. C.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 8/10 1919 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-225-026-231

PLACE OF BIRTH

amended 11/26/79

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

70888

Registration District No. 98

Primary Registration District No. 2-176

File No. _____

Registered No. 124

Full Name of Child Ruth Stout

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Feb (Month) 25 (Day) 19 (Year)

FATHER

FULL NAME: Emerold Stout

RESIDENCE: Rigby

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Geneva Black

RESIDENCE: Rigby

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby (Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8/10 19 19 Ray H. Fischer Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-30-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 16 10 25 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 70888
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Stout (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 25, 1919 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Omitted	Ruth Stout
Father;s occupation	Farmer	Teacher

Subscribed and sworn to before me this 10 day of August, 1979.
Notary Public, Lewis D. Cooper
Residing at Maricopa County, Arizona
My commission expires Nov. 13, 1982
(Seal)

Ruth Stout Bergeson
Signature of Applicant
433 S. Barkley, Mesa, Az. 85204
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1979.
Notary Public, Lewis D Cooper
Residing at Maricopa County, Arizona
My commission expires Nov 13, 1982
(Seal)

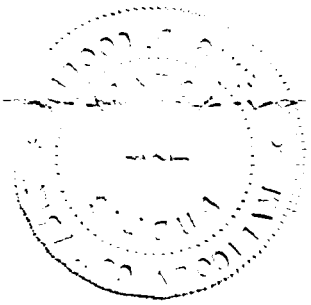
Geneva Black Stout
Supporting Signature
524 S. Barkley
Street Address, City, State

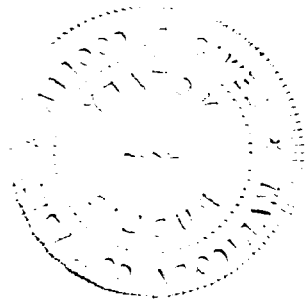
Social Security Act Card (528 16 2171 gives name as Ruth Stout. dated 2-25-38. viewed by V. S.

NOV 30 1979

Father's death certifi from Arizona gives name as Emeral Wycliffe Stout died May 27, 1976. give occupation as Ret. School Teacher. viewed by V. S.

Marriage certif from Utah gives name as Alvin Berthel Bergeson and Ruth Stout. dated Nov. 28, 1942. viewed by V. S.





195-205-026-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 98

File No. 70889

No. ..... St.

Primary Registration District No. 2176

Registered No. 123

Hospital .....

FULL NAME OF CHILD DOROTHA HAZLE GREEN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	7 — 5 — 19

FATHER	MOTHER
FULL NAME William Lorenzo D. Green	FULL MAIDEN NAME Amanda Dora Taylor
RESIDENCE Menan	RESIDENCE Menan
COLOR W	AGE AT LAST BIRTHDAY 32 (Years)
COLOR W	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. S. Moody

(Physician or midwife)

Address Menan

Filed 8/10/19 Ray L. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1945

APPLICATION FOR A BIRTH CERTIFICATE
Address correspondence and make money order payable to
BUREAU OF VITAL STATISTICS
Department of Public Health
Boise, Idaho

To avoid errors and unnecessary delays, use typewriter:

Full name of child DOROTHA HAZLE GREEN

City and county of birth MENAN city, JEFFERSON county

Date of birth JULY 5, 1919

Name of father WILLIAM LORENZO GREEN

Maiden name of mother DORA AMANDA TAYLOR

Name of attending physician or midwife CHARLES S. MOODEY

Person making request DOROTHA WALKER Dorotha Walker

Present P.O. Address 538 10th ST. IDAHO FALLS, IDAHO

Certified copies are 50¢ each, payable by money order in advance
NO copies made C O D or without remittance in hand.

- VS 34 THIS IS NOT A BIRTH CERTIFICATE

Subscribed and sworn to before me by Dorotha Walker at Idaho Falls, Bonneville County, Idaho, this 3rd day of August, 1945.

NOTARY PUBLIC

My commission Expires: Feb. 3rd, 1948

MAY 26 1964

MAY 28 1964

JUL 10 1972

331-21-026-219

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-19

CERTIFICATE OF BIRTH **70890**

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 122

Full Name of Child _____

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: June 11 (Month) (Day) 1918 (Year)	

FATHER		MOTHER	
FULL NAME	Wm Clark	FULL MAIDEN NAME	Lydia Barney
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. M. Palmer

Rigby

(Physician or ~~midwife~~)

Address .....

Filed Aug 10 1918 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-111-026-259

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 70891

Registered No. 121

Full Name of Child _____

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: June (Month) 11 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Karl Jones	FULL MAIDEN NAME	Ethel Kinghorn
RESIDENCE	Rigby #1	RESIDENCE	Rigby #1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Rigby

Filed Aug 10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296 - 204 - 026 - 339

PLACE OF BIRTH

Child's name added 10-18-95 lh

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

County of Jefferson

City of La Belle

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 70892

Registered No. 120

Full Name of Child Lillian Harriet Brown

SEX OF CHILD: ♀	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: June 4 (Month) (Day) 1919 (Year)	

FATHER		MOTHER	
FULL NAME	J. L. Brown	FULL MAIDEN NAME	Ella Clifford
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 10 1919 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-18-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 18 1995
VITAL STATISTICS UNIT

State of Idaho
County of Ada } ss.

Certificate No. 70892
Date Filed _____

The undersigned does solemnly swear that certain facts on this certificate of birth

for unnamed female (Brown) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 4, 1919 (Date of Event)

in LaBelle, Jefferson Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Lillian Harriet Brown

Subscribed and sworn to before me this 18th day of October, 1995.

Notary Public, [signature]
Residing at Meridian, ID
My commission expires April 3, 1997
(Seal)

Jo Ann Anderson
Signature of Applicant

P.O. Box 14, Riggy, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage license issued in Rigby, Jefferson Co., ID on Oct. 19, 1935 gives name of bride as Lillian Brown: married to Glen Everett on Oct. 20, 1935 at Jcon, Idaho.
Viewed by V.S.

OCT 1 3 1995

Birth certificate of daughter, JoAnn Everett, gives name of mother as Lillian Harriet Brown. Child born July 21, 1936 in Rigby, ID S.F.#245210.
Viewed by V.S.

533-124-026-462 name added 3/16/81

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70893

Primary Registration District No. 2176 Registered No. 119

Full Name of Child James Wendell Ellis

SEX OF CHILD: M.	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes.	DATE OF BIRTH: May 24 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	J. A. Ellis	FULL MAIDEN NAME	Della Moses
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Physician or midwife)

Address .....

Filed Aug 10 19 19 Ray H. Fisher
Registrar

2-24-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 2 11 04 AM '81

State of _____ } ss.
County of _____

Certificate No. 70893
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ellis (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-24-19 (Date of Event)

in Lorenzo (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	James Wendell Ellis

Subscribed and sworn to before me this 26 day of Feb, 19 81.

Notary Public, Rick B Archibald

Residing at Blackfoot, ID

My commission expires Life

(Seal)

James W Ellis
Signature of Applicant

RT 3 Box 47 Blackfoot Ida. 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ID } ss.
County of Bingham

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Feb, 19 81.

Notary Public, Rick B Archibald

Residing at Blackfoot, ID

My commission expires Life

(Seal)

George R Mass
Supporting Signature

449 N. Shilling Blackfoot, ID 83221
Street Address, City, State

1 cc pd

Certificate of Blessing shows Child's name as James Wendell Ellis born May 24, 1919 at LaBelle, Jeff, Idaho and blessed August 8, 1919 by the LDS church. Viewed by VS

Certificate of Baptism and Confirmation shows child's name as James Wendell Ellis dated September 1, 1929 by the LDS church in LaBelle (Jefferson) ID. Viewed by VS.

MAR 17 1991

389-109-026-259

PLACE OF BIRTH

County of Jefferson

City of Leurarille

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 70894

Primary Registration District No. 2176

Registered No. 118

Full Name of Child Evan D. Chivers

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	May 9 19

FATHER

FULL NAME: Kyrum Chivers

RESIDENCE: Leurarille

COLOR: white

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rose Naughorn

RESIDENCE: Leurarille

COLOR: white

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Leurarille, Ida

OCCUPATION: Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 10 19 19 Ray H. Drake
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 0 1944

296-216-026-884

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70895

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 117

Full Name of Child Clarice Brown

SEX OF CHILD: 7	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH June 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Brown	FULL MAIDEN NAME	Emma Lyman
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Printer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 A M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Aug 10 1919 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1975

OCT 3 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 3 11 20 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Cache } ss.

Certificate No. 70895

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Brown (female) (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1919 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Clarice Brown

Subscribed and sworn to before me this 25 day of October, 1975

Notary Public, residing at Logan, Utah

My commission expires 12-8-76

(Seal)

Signed Mrs Emmett L Brown
(Signature of parent or attendant if correcting a Birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

388 N 2 W Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/14/75

Certif of Birth from the LDS Church gives name as Clarice Brown born June 16, 1919 at Rigby, Idaho. father's name given as Ira Brown and Emma Lyman. Entered on recod on Aug. 3, 1919. viewed by V. S.

Diploma from Logan High school, Logan, Utah gives name as Clarice Brown. dated May 28,1937. viewed by V. S.

459-115-026-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Annis

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70896

Registration District No. 98

File No. _____

Primary Registration District No. 2176

Registered No. 116

Full Name of Child _____

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: June 15 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Leo DeRoch	FULL MAIDEN NAME	Gladys Knighton
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed Aug 10 19 19 Ray H Fisher Registrar

993-105-026-212

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 70897

Primary Registration District No. 2126 Registered No. 115

Full Name of Child _____

SEX OF CHILD: M.	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: May 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. J. Richardson	FULL MAIDEN NAME	Orlata Baker
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby (Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed Aug. 10 1919 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1969

236-203-026-236

Amended 4-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70898
Local Reg. No. 114
Reg. Dist. No. 98

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Jefferson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Roberts

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Ruth

b. (Middle): Irene

c. (Last): Scott

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 3, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): R.

b. (Middle): L.

c. (Last): Scott

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Gertrude

b. (Middle):

c. (Last): Stowell

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. M. Palmer

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 10, 1919

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 24 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70898

Date Filed .....

The undersigned does solemnly swear that certain facts on the Birth certificate of (Birth or Death)
for Unnamed (Female Child) who was born on May 3, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Roberts, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Irene Scott
Full Maiden Name of Mother	Gertrude Stohl	Gertrude Stowell
Place of Birth	Roberts, Idaho	Menan, Idaho

Subscribed and sworn to before me this 13th day of February, 1965

Signed Reuben L. Scott, FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at City of Chico, Calif.
My commission expires My Commission Expires January 24, 1969
(Seal) WARREN Q. DOYLE NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN BUTTE COUNTY

600 MAIN ST. GRIDLEY, CALIF.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Butte }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of February, 19 65

Signed Warren Q. Doyle
(Signature of Any Credible Person)

801 MAIN ST.

Notary Public residing at City of Chico, CALIF.
My commission expires My Commission Expires January 24, 1969
(Seal) WARREN Q. DOYLE NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN BUTTE COUNTY

801 Main St Chico Calif.
(Street Address, City, State)

FORM DH 80-155 CL. 11-30-64. 1 copy pd. Rec. #7105.

Family Record, appears old and unaltered gives one child's full name as Ruth Irene Scott, born May 3, 1919 at Menan, Idaho to Reuben Lemual Scott and Gertrude Stowell - viewed by V.S.

L.D.S. Church Record, blessed ~~May 3, 1919~~ Sept. 7, 1919, gives full name as Ruth Irene Scott, born May 3, 1919 at Menan, Idaho to Reuben L. Scott and Gertrude Stowell - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-19-19

CERTIFICATE OF BIRTH

Registration District No. 9 E

Primary Registration District No. 2176

File No. 70898

Registered No. 114

Full Name of Child .....

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes.	DATE OF BIRTH: May 3 (Month) (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	R. L. Scott	FULL MAIDEN NAME	Gertrude Stohl
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Ruby (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Aug 10 1919 Ray H Fuches Registrar

APR 5 1965

157-130-026-217

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

U. S. No. 11—25m-6-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70899

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 113

Full Name of Child NEWELL ORVIN JEX

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.			yes.	Apr 30 1918

FATHER

FULL NAME W. A. Jex

RESIDENCE Rigby

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE England

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME May Baxter

RESIDENCE Rigby

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kansas

OCCUPATION Hw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 5:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) A. M. Palmer

Rigby

(Physician or ~~midwife~~)

Address _____

Filed Aug 10 1918 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

Certificate No. 70899
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Newell Orvin Jex (Name on original certificate) who was born (Was born or died) on April 30, 1919 (Date of event)
in Rigby Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on October 28, 1936 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jex	Newell Orvin Jex

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed Wm A. Jex
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rigby Idaho Rt 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on NOV 2 By
(Registrar's signature)

643-124-026-719

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. _____ St.

Hospital _____

[redacted]

No. 11—25m-6-[illegible]

[redacted] OF BIRTH

70900

Registration District No. 98 **File No.** _____

Primary Registration District No. 2176 **Registered No.** 112

Full Name of Child _____

SEX OF CHILD: M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH: Apr (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Gerret Ouldhouse	FULL MAIDEN NAME	Della Gardiner
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mont.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born ~~alive or stillborn~~), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Rigby (Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed Aug 10 1919 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 26 1969

Amended 3/30/73

893-113-026-693

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70901
Local Reg. No.
Reg. Dist. No. 98

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Hyrum
b. (Middle): Lee
c. (Last): Hicks

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Apr. (Day) 13, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Walter
b. (Middle):
c. (Last): Hicks

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Louise
b. (Middle):
c. (Last): Wilson

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. M. Palmer

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 10, 1919

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 12:30 PM

RACE OF COLOR OF FATHER: White

RACE OF COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Address

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 18 11 08 AM '72

State of Idaho
County of Jefferson } ss.

Certificate No. 70901

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hix (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1919 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Hix	hyrum Lee Hicks
Father's name	Walter Hix	Walter Hicks
Mother's name	Louise Wilson	Louise Willson

Subscribed and sworn to before me this 11th day of September, 19 72

James A. Rice
Notary Public, residing at Rigby
My commission expires 10-24-72
(Seal)

Signed Blanche Hicks Shirley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September, 19 72

James A. Rice
Notary Public, residing at Rigby, Idaho
My commission expires 10-24-72
(Seal)

Signed
(Signature of Any Credible Person)

P. O. Box 36, Rigby, Idaho 83442
(Street Address, City, State)

FORM DH 60-155 CL 9/6/72

Application to Sun Life Assurance Company of Canada gives name as Hyrum Lee Hicks born Apri 13, 1919. Dated Oct. 31, 1930. Viewed by V. S.

MAR 3 0 1973

Certificate of Ordination to the Offfcie of Deacon gives name as H. Lee Hicks son of Walter Hicks and Louisa Wilson born April 13, 1919. Was Baptized Aug.23, 1927. Dated March 6, 1932. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.

[illegible] No. 11—25m-6-16-18

[illegible] 0901

[illegible] Rigby

No. ..... St.

Registration District No. 7 File No. .....

Primary Registration District No. 2176 Registered No. 111

Hospital .....

Full Name of Child .....

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		yes	Apr 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Hix	FULL MAIDEN NAME	Louise Wilson
RESIDENCE	Rigby R.D.	RESIDENCE	Rigby R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born ~~alive or stillborn~~), at 12:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. M. Palmer

Rigby

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 10 1919 Ray H. Fisher

Registrar

FEB 7 1967

339-[illegible]-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

70902

County of Jefferson

City of Rigby R.D.

No. ..... St.

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 110

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 - 9 1919

FATHER		MOTHER	
FULL NAME	Jediah T. Clifford	FULL MAIDEN NAME	Viola Barker
RESIDENCE	Rigby R.D.	RESIDENCE	Rigby R.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Registrar

Filed 8/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE

File No.....

Registered No.....

PLACE OF BIRTH

County of.....

City.....

No.....St.

689-221-026-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70903

County of Jefferson

City of Rigby Registration District No. 98 File No.

No. St. Primary Registration District No. 3176 Registered No. 109

Hospital

FULL NAME OF CHILD Adella Madee Frisk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas E. Frisk	Emma Miles
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	54	44
BIRTHPLACE	Sweden	Utah
OCCUPATION	Agt. Creamery Co.	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Filed Aug 10 19 19 Ray H. Fisher
Registrar

JUN 6 1947

dup of 1919-72938

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH 439-210-032-253

Form V. S. No. R-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70904

County of Lincoln

City of Richfield

No. 1 Mi. North 1/4 W. St.

Registration District No. 17

File No. 1

Primary Registration District No. 2200

Registered No. 8

Hospital

FULL NAME OF CHILD Wilma Edith McIntosh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John S. McIntosh	FULL MAIDEN NAME	Ruby E Petron
RESIDENCE	Richfield 1 mi N - 1/4 W	RESIDENCE	Richfield 1 mi N - 1/4 W
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Douglas Co Mo	BIRTHPLACE	Grundy Co Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Richfield Idaho

Registrar

Filed Aug 9 1919

P. E. Bartlett

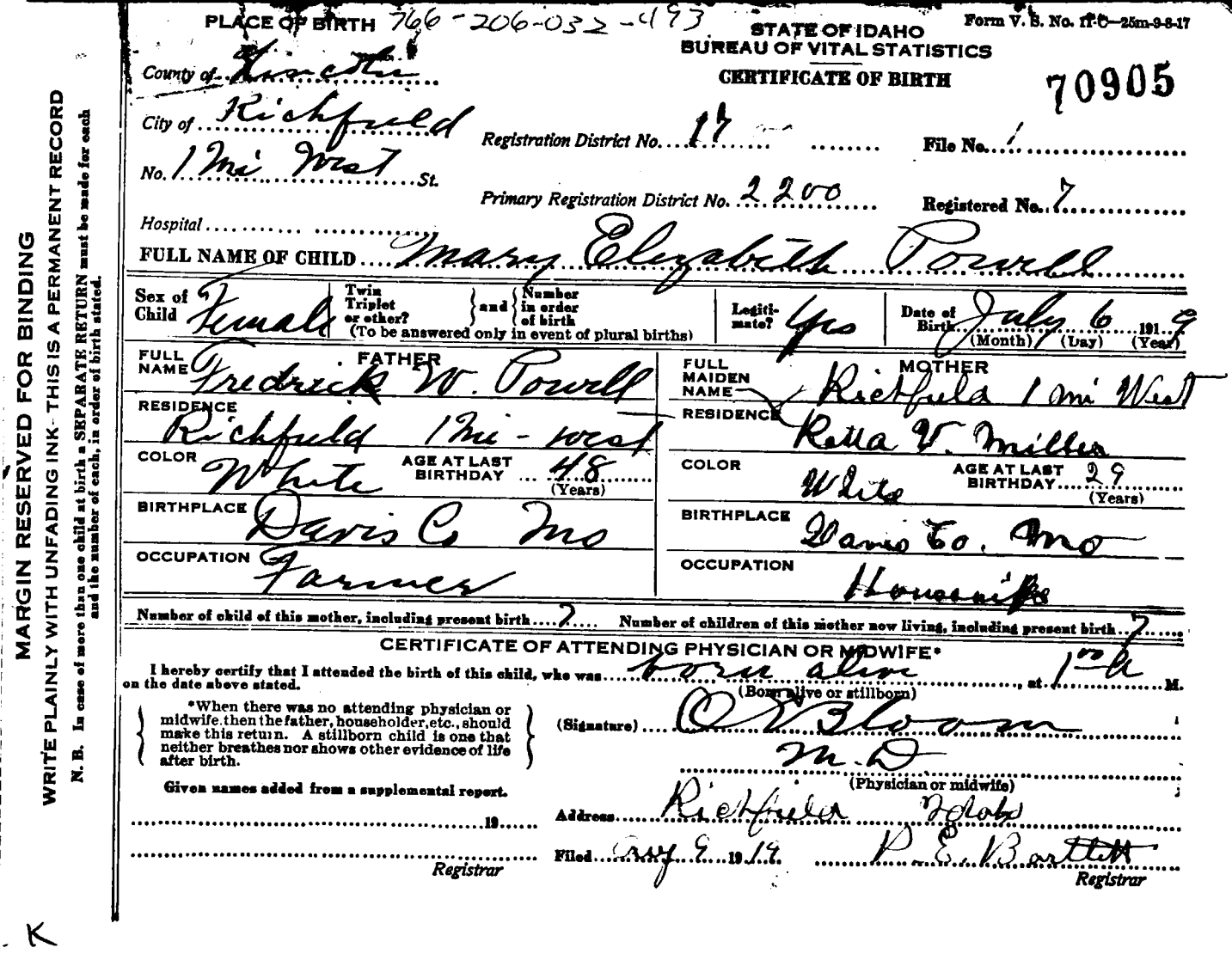
Registrar

MAY 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH 766-206-032-493

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70905

County of Lincoln

City of Richfield

No. 1 Mi West St.

Registration District No. 17

File No. 1

Primary Registration District No. 2200

Registered No. 7

Hospital

FULL NAME OF CHILD Mary Elizabeth Powell

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick W. Powell	FULL MAIDEN NAME	Richfield 1 mi West
RESIDENCE	Richfield 1 mi - west	RESIDENCE	Retta V. Miller
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Davis Co Mo	BIRTHPLACE	Davis Co. Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O V Bloom

M. D (Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Filed Aug 9 1919 P. E. Bartlett

Registrar

Registrar

K

NOV 13 1959

275-109
028-466 [redacted]
PLA[redacted]

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

70906

CERTIFICATE OF BIRTH

County of Kootenai

City of Bayard

No. ..... St.

Hospital .....

Registration District No. 30 File No. .....

Primary Registration District No. 2050 Registered No. 7027

FULL NAME OF CHILD Walter Spealman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Spealman	FULL MAIDEN NAME	Blanche I. Moon
RESIDENCE	Bayview, Ida.	RESIDENCE	Bayview, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Ind.
OCCUPATION	fireman, boat.	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report.

..... 19.....

Filed July 10 1919 S. D. Greenman Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-11
028-2

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Bayview

Registration District No. 20 File No. 70907

No. ..... St.

Primary Registration District No. 2051 Registered No. 705

Hospital .....

FULL NAME OF CHILD Melvin Edwin Brandon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	June 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grover C. Brandon	FULL MAIDEN NAME	Alana A. Best
RESIDENCE	Bayview, Ida.	RESIDENCE	Bayview, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Idaho

Filed 7/10 1919 D D Dinneman
Registrar

Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S99-219-0[illegible]

Form V, S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Belmont

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70908

Registration District No. 30 File No. _____

Primary Registration District No. 2051 Registered No. 706

FULL NAME OF CHILD Elvera Linnia Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Erickson	FULL MAIDEN NAME	Linnia Nelson
RESIDENCE	Belmont, Ida.	RESIDENCE	Belmont, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Ida.

Filed 7/10 1919 D D Drennan
Registrar

_____
Registrar

S-Y CO. 24656

APR 26 1967

434-227-0[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Post Fall

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 70909

Primary Registration District No. 2051 Registered No. 703

FULL NAME OF CHILD Augusta Jayne McMath

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George McMath	FULL MAIDEN NAME	Augusta Jayne
RESIDENCE	Post Fall	RESIDENCE	P.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Cal.	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	Hsw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Doctor

D D Drennan (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Jones D Alene

Filed July 10 1919 D D Drennan Registrar

..... Registrar

S-Y CO. 20174

SEP 2 7 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70910

City of Post Falls R7D

Registration District No. 20

File No.

592-218-028-262

No. St.

Primary Registration District No. 2051

Registered No. [illegible]

Hospital

FULL NAME OF CHILD Grace Irene Eisenhauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
F		Yes	June 18 [illegible]

FATHER		MOTHER	
FULL NAME	William Eisenhauer	FULL MAIDEN NAME	~~Maggie~~ Mollie Dos Trias
RESIDENCE	Hauser Jc	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Rose d Alene

Filed July 10 1919 D D Drennan Registrar

S-Y CO. 20174

[redacted]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. R.F.D. No. I
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Ida

4. FULL NAME OF CHILD Grace Irene Eisenhauer

5. Date of Birth of Child (Month, day, year) June 18, 1919

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Eisenhauer
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Litchfield (City or town) Minnesota (State or foreign country)
14. Exact Occupation Woodsman & Mill Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie A. Boston
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Goodwin (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living I

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mollie (First name) Eisenhauer (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that D. D. Drennen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mollie Ann Eisenhauer Signature
1415 Front Ave. Coeur d'Alene, Idaho P.O. Address

Subscribed and sworn to before me this 20 day of April, 1942
(SEAL) [signature] Notary Public, residing at Coeur d'Alene, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended 1-7-71

419-217-028-795

PLACE OF BIRTH

No. 11-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 70911

No. St.

Primary Registration District No. 2051 Registered No. 709

Hospital

FULL NAME OF CHILD Marie G. Maine

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) June (Day) 17 (Year) 1919

FATHER		MOTHER	
FULL NAME	Harry Maine	FULL MAIDEN NAME	Elizabeth Gass
RESIDENCE	Post Falls RFD	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Maine	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Brennan M.D.

(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7/20 19 19 D. D. Brennan
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1952

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED

County of ..... }

JUL 29 1970

Bureau of Vital Statistics

Certificate No. 70911

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marie M. Main (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1919 (Date of Event) in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle letter	M.	G.
Add "E" to last name	Main	Maine
Birth date	June 18, 1919	June 17, 1919

Subscribed and sworn to before me this 3rd day of March, 1970.

Gretchen M. Rollis

Notary Public, residing at Post Falls - Idaho

My commission expires 11/24/70

(Seal)

X Signed Warren E Maine

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Shoshone }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1970.

Helen I. Yoast

Notary Public, residing at Silverton

My commission expires July 25 - 1973

(Seal)

Signed Helen Deroshia (Sister)

(Signature of Any Credible Person)

Box 541 Osburn Idaho 83849

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file - Idaho gives name of mother as Marie Georgia Ma Maine. Child born April 2, 1938. Mother's age Date of birth June 17, 1919.
Viewed by V.S.

JAN 7 1971

Family Record of Birthdays and Anniversaries gives name as Marie G. Maine, Father - Warren E. Maine. Mother - Elizabeth Green Maine. Marie born June 17, 1919. Record written in 1935.
Viewed by V.S.

243-207
028-763

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70912

County of Kootenai

City of Post Falls

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 708

Hospital

FULL NAME OF CHILD Berna June Sullivan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes.	6 (Month) 7 (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME	John Matthew Sullivan	Loretta Maude Goldsberry
RESIDENCE	Post Falls	Post Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	47 (Years)	39 (Years)
BIRTHPLACE	New Bedford, Mass.	Des Moines, Ia.
OCCUPATION	Auto Mechanic	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. F. M Bell.

Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Post Falls Idaho.

19

Filed 7/10 1919 A D Drummond
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 4-4141

168-227-028-319

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70913

County of Kootenai

City of Post Falls

No. _____ St.

Hospital _____

Registration District No. 30 File No. _____

Primary Registration District No. 2051 Registered No. 707

FULL NAME OF CHILD Ruth Mary Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Guy Johnson	FULL MAIDEN NAME	Millie M. Carden
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Tenn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum Ida.

Filed 7/10 1919 D D Drennen
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

813-208-028-418

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70914**

County of Kootenai

City of Rathdrum

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 711

Hospital

FULL NAME OF CHILD Olive Ethel Hattenburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lantie R. Hattenburg	FULL MAIDEN NAME	Ethel May
RESIDENCE	Rathdrum, Ida. R.2	RESIDENCE	Rathdrum, Ida R 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician Rathdrum Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 8/10 1919 D D Dreeman
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

345-109-028-345

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70915

County of Kootenai

City of Rathdrum

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 712

Hospital

FULL NAME OF CHILD Grant Elove Lundin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Twin	1	yes	July 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Lundin	FULL MAIDEN NAME	Thelma Lundstrom
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Weiss

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Rathdrum, Ida

19

Filed Aug 10 1919 D D Drennan
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1942

345-109-028-345

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... *St.*

Hospital .....

Registration District No. 30 **File No.** 70916

Primary Registration District No. 2051 **Registered No.** 713

FULL NAME OF CHILD Claire Albin Lundin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Twin	2	Yes	July 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Lundin	FULL MAIDEN NAME	Thelma Lundstrom
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida

Filed Aug 10 1919 D D Freeman
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1958

669-213-028-565

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **70917**

County of Kootenai

City of Rathdrum

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 714

Hospital

FULL NAME OF CHILD Grace Alice Ford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James D. Ford	FULL MAIDEN NAME	Myrtle Noe
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Iowa
OCCUPATION	Barber	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wens

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum, Ida

Filed Aug 10 1919 D D Freeman Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1942

MAR 21 1956

852-213
040-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

ND 15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70918

County of Shoshone

City of Wallace

Registration District No. 172

File No.

No. St.

Primary Registration District No. 2200

Registered No. 120

Hospital

FULL NAME OF CHILD Frances Evangeline Hess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fl			yes	June 13 1919

FATHER		MOTHER	
FULL NAME	Frank P. Hess	FULL MAIDEN NAME	Mildred Hauger
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	California
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 6P M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address City

Filed 6/16 19 19 H C Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1943

625-117-040-263

[redacted]

-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 70919

Primary Registration District No. 2200 Registered No. 121

FULL NAME OF CHILD William Leon Keefe (O'Keefe)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	June 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philip Keefe (O'Keefe)	FULL MAIDEN NAME	Bridget Boland
RESIDENCE	Burke	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New Foundland	BIRTHPLACE	New Foundland
OCCUPATION	Miner	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/24/11 19 H C Mowery Registrar

S-Y-CO 38071

Certified Copy issued Jan. 17, 1941. E.W.

[illegible] 100

467-218-040-952

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70920

County of Shoshone

City of Burke

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2206 Registered No. 122

Hospital

FULL NAME OF CHILD Louise Mary Moglia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Moglia	Mary Restelli
RESIDENCE	Burke Ida	Burke Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	W 42	W 42
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Filed June 21 19 19 W. C. Mowery

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1965

DECEASED

442-109-040-236

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 70922

Primary Registration District No. 2200 Registered No. 124

FULL NAME OF CHILD Ronald James Dube
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 9, 1919

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Philip L. Dube	FULL MAIDEN NAME: Minnie Stone
RESIDENCE: Gem, Idaho	RESIDENCE: Rosalia, Washington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Rosalia, Washington
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Mowery
(Physician or midwife)

Address Wallace, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7-13-19 192.. H. C. Mowery
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 1956

DECEASED

669-112-040-048

Form V. S. No. 11—10m-6-40-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

70923

County of Shoshone

City of Burke

Registration District No. 122 **File No.**

No. ....., ... *St.*

Primary Registration District No. 2200 **Registered No.** 125

Hospital .....

FULL NAME OF CHILD Patrick Charles Morton

Sex of Child M	**Twin, Triplet, or other?** One	**Number in order of birth**	**Legitimate?** Y	**Date of birth** July 12 (Month) (Day)	191 9 (Year)

(To be answered only in event of plural births)

FATHER		**MOTHER**	
FULL NAME	James Morton	**FULL MAIDEN NAME**	Vera Dubrkoop
RESIDENCE	Burke Ida	**RESIDENCE**	Burke
COLOR	W	**AGE AT LAST BIRTHDAY** (Years)	42
COLOR	W	**AGE AT LAST BIRTHDAY** (Years)	39
BIRTHPLACE	Ireland	**BIRTHPLACE**	Oregon
OCCUPATION	Miner	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a M. on the date above stated.

(Signature) Dr. Chas. A. Wetherman

(Physician or Midwife)

Address Burke Ida

Filed July 13 19 19 H C Moore Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Francisco } ss.

Certificate No. 70923

OCT 15 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Patrick Morton (Name on Original Certificate) who Was Born (Was Born ~~or Died~~) on July 12, 1919 (Date of Event)
in Burke, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles	Charles Patrick Morton
Date	July 11th	July 12, 1919

Subscribed and sworn to before me this 9th day of October, 19 43

John J. Ragonis
Notary Public, residing at San Francisco

My commission expires October 14, 1946
(Seal)

Signed Mrs Vera J Morton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

357 Rolph St. San Francisco, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Francisco } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 19 43

John J. Ragonis
Notary Public, residing at San Francisco

My commission expires October 14, 1946
(Seal)

Signed Vera J. McMahon
(Signature of Any Credible Person Other Than Previous Year)

1545 Green St. San Francisco Calif.
(Street Address, City, State)

OCT 19 1943

318-111-040-238

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 70924

Primary Registration District No. 2200 Registered No. 126

FULL NAME OF CHILD Harold Douglas Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Taylor	FULL MAIDEN NAME	Hedwig Scheve
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	England	BIRTHPLACE	Germany
OCCUPATION	Mine Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

..... 19.....

Filed July 13 1919 H C Mowery

..... Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

645-208-040-753

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70925

County of Shoshone

City of Wallace

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 130

Hospital Providence

FULL NAME OF CHILD

Sex of Child F	Twin Triplet or other? [illegible] and Number in order of birth (To be [illegible]red only in event of plural births)	Legitimate? yes	Date of Birth Aug 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Fuestig	FULL MAIDEN NAME	Hilda Peterson
RESIDENCE	Mullan Ida	RESIDENCE	Mullan, Ida.
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Finnland	BIRTHPLACE	Finnland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Filed Aug 9 1919 H. C. Mowery

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-125-040-134

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70926

County of Shoshone

City of Wallace Registration District No. 127 File No.

No. St. Primary Registration District No. 2700 Registered No. 129

Hospital Providence

FULL NAME OF CHILD HARRY ALBERT YOUNGBERG

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	July 25 1917

FATHER		MOTHER	
FULL NAME	Oscar Youngberg	FULL MAIDEN NAME	Esther Almquist
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 27 19 19 H.C. Mowry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

RECEIVED OCT 29 1941

Certificate No. 70926
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Youngberg	Harry Albert Youngberg

Subscribed and sworn to before me this 27th
day of October, 1941
Teresa Thurmann
Notary Public, residing at Lewiston Idaho
My commission expires May 1945
[SEAL]

Signed Esther Youngberg Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
542 Park St. Lewiston Idg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 3 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] V.S. [illegible]

[illegible] BUREAU OF [illegible]

[illegible] OF [illegible]

County of Bonhome

City of Wallace

763-121-040-263 Registration District No. 122 File No. 70927

No. St.

Primary Registration District No. 2200 Registered No. 128

Hospital Providence

FULL NAME OF CHILD Arthur Harris Potts

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth July 21 1919 (Month) (Day) (Year)

FULL NAME	Arthur Potts	FULL MAIDEN NAME	Bessie Solum
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	California ~~Colorado~~	BIRTHPLACE	Wisconsin
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

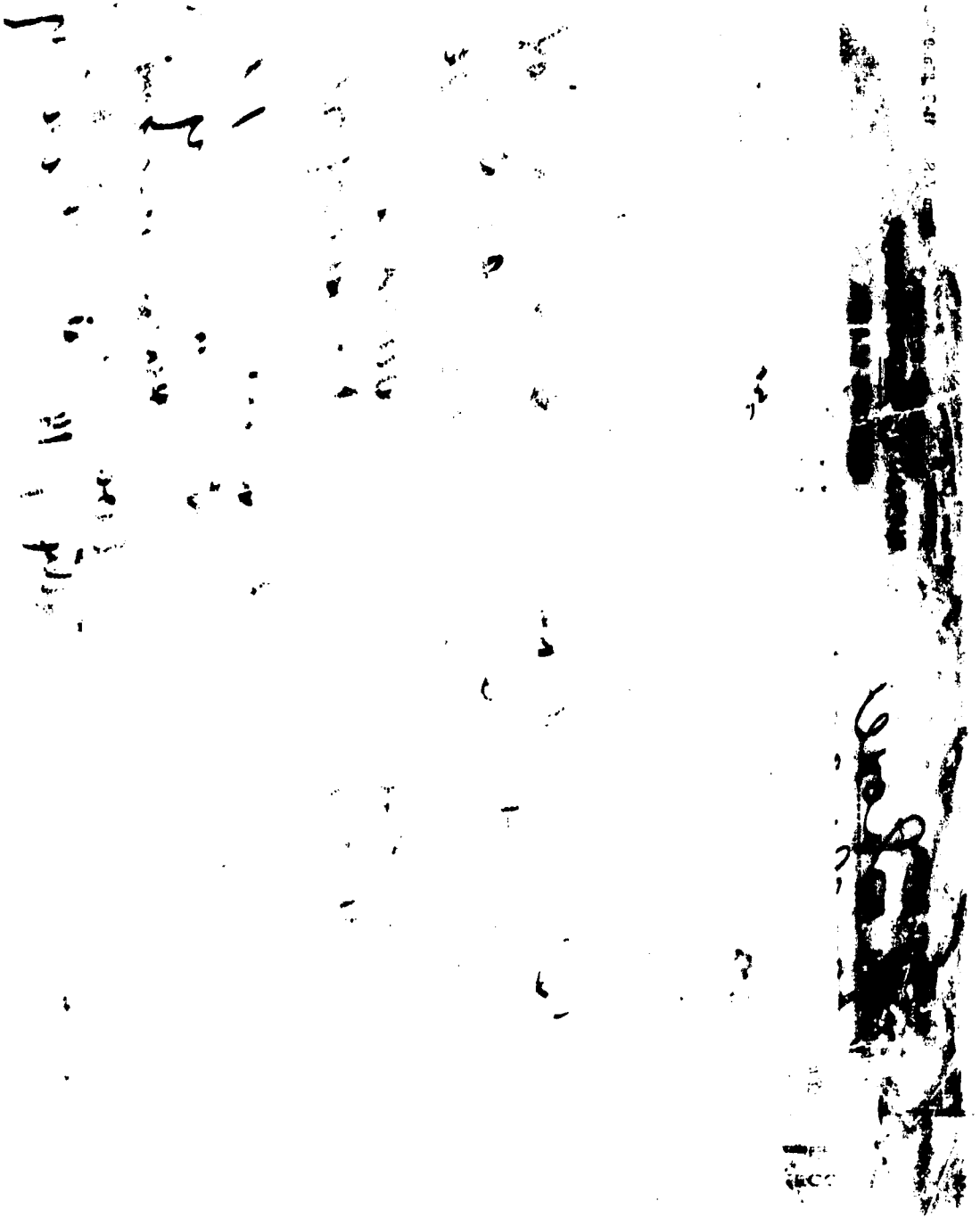
Filed July 25 1919 H C Mowery

Registrar Registrar

S-Y-CO 38071

K

c.c. 6/18/41. w.h.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

70927

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70927
Local Reg. No.
Reg. Dist. No.

JUN 3 1941

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Providence Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Wallace Idaho

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** Arthur Harris Potts

5. Date of Birth (Month, day, year) July 21, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Otto Fletcher Potts
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hackney (City or town) Cal. (State or foreign country)
14. Exact Occupation Poultry man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Irene Solum
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hole (City or town) Wis (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at 10 P M. on the date and at the place stated above and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as Mother (Mother, etc.)
25. Attendant's **OWN** signature John L. Mowry M.D. (D.O., Midwife, etc.) and address Wallace Idaho Date 5/31/41
26. (a) JUN 10 1941 (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19__.

(SEAL) ____ Notary Public, residing at ____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and ~~filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-125-040-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Black Bear

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 70928

No. ..... St.

Primary Registration District No. 2206 Registered No. 127

Hospital .....

FULL NAME OF CHILD Frank Braudstater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	July 25 1919

FATHER	MOTHER
FULL NAME Frank Braudstater	FULL MAIDEN NAME Margaret Zinter
RESIDENCE Black Bear Ida	RESIDENCE Black Bear Ida
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Miner	OCCUPATION Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 9:20 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 27 1919 H C Mowry Registrar

S-Y-CO 38071

253-117-042-234

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of .....

No. ..... St.

Hospital ....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C—[illegible]

CERTIFICATE OF BIRTH

70929

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... Kelso.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	July 17 1919

FATHER	MOTHER
FULL NAME: Harvey Lee Kelso.	FULL MAIDEN NAME: Lucy Stuller.
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 43 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live. (Born alive or stillborn) on the date above stated. at 7:40 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed 8-11-1919 W. H. Pike
Registrar

..... Registrar

[redacted]

APR 12 1961

435-101-042 1499

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-18

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No. 70930

No. ..... St. — Primary Registration District No. 1085 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Sidney Kenneth McNeely

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 1 1919

FATHER	MOTHER
FULL NAME: Sidney P. McNeely	FULL MAIDEN NAME: Grace M. Urie
RESIDENCE: Twin Falls, Ida.	RESIDENCE: Twin Falls, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Wyo.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:40 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report. ..... 19.....

..... Registrar

Filed 8—11—1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-112-042-862

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-6-37

CERTIFICATE OF BIRTH

70931

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Homer Moses Benner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 12 1919

FATHER	MOTHER
FULL NAME: Oliver M Benner.	FULL MAIDEN NAME: Lena M. Rose
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Kansas.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live (Born alive or stillborn) at 2:P M. on the date above stated.

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Filed 8-11-1919 W. F. Pike

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1974

MAR 22 1954

866-123-042-286

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

70932

County of Twin Falls,

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Burgess Deloy Howard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July-23- 9

FATHER	MOTHER
FULL NAME: Don E. Howard	FULL MAIDEN NAME: Cora L. Shosted
RESIDENCE: Twin Falls, Ida.	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Idaho.
OCCUPATION: Machinist.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11;A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report. .....19.....

..... Registrar

Filed 8-11- 1912 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 70932

State of Idaho } ss.
County of Bannock }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Howard	Burgess Deloy Howard

Subscribed and sworn to before me this 24th day of September, 1941

A E Leger

Notary Public, residing at Pocatello, Idaho

My commission expires Sept 15, 1944

[SEAL]

Signed Cara L. Johnson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1516 E. Center Pocatello
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1941

A E Leger

Notary Public, residing at Pocatello, Idaho

My commission expires Sept 15, 1944

[SEAL]

Signed Ida Poll
(Signature of any credible person other than the previous affiant.)

836 E. Center, Pocatello
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

AFFIDAVIT

GENERAL

State of California,
County of Los Angeles, } ss.

Burgess Deloy Howard

Being First Duly Sworn, *deposes and says*:

I reside at 2644 South Pine St.,Garvey, California.

I was born at Twin Falls, Idaho, on July 22nd, 1919. Birth Certificate on File #70932 records my birth, but shows no name. The correct name should be "Burgess Deloy Howard".

And Further *deponent saith not.*

Subscribed and Sworn *to before me this*
25th *day of* September, 19 41

Burgess Deloy Howard

Clara S. Ackley
Notary Public in and for said County and State

NOTARY PUBLIC
in and for the County of Los Angeles, State of California

My Commission Expires March 21, 1943

555-128-042-449

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70933

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Donald George Neer.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes.	July 28 1919

FATHER

FULL NAME: Wm. Roland Neer.

RESIDENCE: Twin Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Ohio.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Maude M. Murphy.

RESIDENCE: Twin Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Nebraska.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Weaver

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-11- 19 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CLASSIFIED

135-209-042-552

PLACE OF BIRTH

[redacted] 11-C—25m-9-6-17

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

Primary Registration District No. 2085

File No. 70934

Registered No.

FULL NAME OF CHILD Dorothy May Alvis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July-9-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James E. Alvis	FULL MAIDEN NAME	Daisy Ensley
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12: M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

19

Filed 8-11-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1910

OCT 7 1959

485-72-042-249

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70935

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Glen Howard Dennis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 22 19 9

FATHER	MOTHER
FULL NAME: Orris R. Dennis	FULL MAIDEN NAME: Eulah Belle Smith
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver M.D.

Twin Falls, Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8-11- 19 19 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

NOV 21-1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of...Colorado.....) Certificate No...70935.....
)ss
County of..Prowers.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate
(Glen Howard Dennis)
of....birth.....for..no name given.....who..~~Died~~ Born
(birth or death) (Name on original certificate) (was born or died)

on..July 22- 1919....in..Twin Falls.....are~~xxxxxxxxxxxx~~ were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by.....prepared on.....are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
N ame	no name given	Glen Howard Dennis

Subscribed and sworn to before me this.13th.day of November.....19.41

Signed Mrs Eulah B. Dennis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ed McSewer
Notary Public
Residing at.Granada..Colo....

.Bristol..Colo.....
(Street address, City, State)
Father

My commission expires.January 24th. 1943.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of..Colorado.....)
)ss
County of...Prowers.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this13th..day of...November.....1941

Signed..Orris Roland Dennis
(Signature of any credible person other than the previous affiant.)

Ed McSewer
Notary Public
Residing at.Granada..Colorado

R.F.D. No 1. Bristol, Colo.
(Street address, City, State)

My commission expires..January.24th..1941.....
(SEAL)

1941

313-101-029-862

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. _____ St.

Hospital _____

[redacted] ISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 70936

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD George D Calvert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 1 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. D. Calvert	Mabel L Hoskins
RESIDENCE	Juliaetta Idaho	Juliaetta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.50 a. M. on the date above stated.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho

Filed Aug 1 1919 R. F. Pepper

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-203-029-331

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70937

County of Latah

City of Kendrick

Registration District No. 68

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Joyce Rowena Bechtol

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	July 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence E. Bechtol	FULL MAIDEN NAME	Vera Estelle Clarke
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Mich.
OCCUPATION	Carpenter & Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Kendrick Idaho.

19

Filed Aug 9 1919 R. F. Pepple Registrar

Registrar

Julia Arthur Jan

S-Y CO. 24635

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

866-107-029-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70938

County of Latah

City of Kendrick

Registration District No. 68

File No. [redacted]

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Delbert Hoffman

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: July (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Hoffman	FULL MAIDEN NAME	Lucille Thornton
RESIDENCE	Leland Idaho	RESIDENCE	Leland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed July 11 1919

R. F. Pepple
Registrar

Julia Miller Ida

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-6-41

JAN 4 1957

585-107-029-293

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70939

Registration District No. 68 File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Loyd Nye

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	7 7 1919

	FATHER		MOTHER
FULL NAME	Fred Nye	FULL MAIDEN NAME	Edna Kite
RESIDENCE	Juliaetta Idaho	RESIDENCE	Juliaetta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at N.A. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho

Filed Aug 1 1919 R. F. Pepple
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-152289

NOT

243-115-029-995

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 70940

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elbert Jack Buckallew

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dennis Buckallew	Olive Irwin
RESIDENCE	Juliaetta Ida	Juliaetta Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Indiana	Washington
OCCUPATION	Clerk in Grocery	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rathwell MD (Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 1 19 19 R. P. Pepper Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Army
SEP 29 1945

364-226-029-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 70941

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Nora May Compton

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth July 26 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Stuart W Compton

RESIDENCE Kendrick Idaho

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Zora Ware

RESIDENCE Kendrick Idaho

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kendrick Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 P M on the date above stated.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho.

Filed Aug 9 1919 R.T. Pepper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1971

235-128-029-122

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Kendrick

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 70942

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD ELDON LINCOLN STEWART

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 28 1919

FATHER		MOTHER	
FULL NAME	Abraham Lincoln Stewart	FULL MAIDEN NAME	Ella Asbury
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:57 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Rathwell MD

(Physician or midwife)

Address Kendrick Idaho

Filed Aug 9 1919 R. H. Pepper Registrar

Juliaetta Ida

8-Y CO. 24659

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. Y 70942
County of Latah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on July 28, 1919 (Date of Event)
in Kendrick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ a few days after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eldon Lincoln
Surname	Stuart	Stewart

Subscribed and sworn to before me this 24th
day of August, 1942.
HARRY A. THATCHER, County Recorder
~~Notary Public~~, residing at Moscow, Idaho
My commission expires January, 1943
(Seal) By Rose E. Rawson Deputy.

Signed A. L. Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 5
Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of August, 1942
H. L. Armour
Notary Public, residing at Moscow
My commission expires July 21 - 1945
(Seal)

Signed A. L. Stewart
(Signature of Any Credible Person Other Than Previous Year)
Moscow Idaho
(Street Address, City, State)

AUG 26 1942

AUG 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible] Franklin

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Preston

Registration District No. 24

File No. 70943

No. 4th Ward St.

759-217-021-693

Primary Registration District No. 2 19

Registered No. 172

Hospital

FULL NAME OF CHILD Barbara Wilcox Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	July 17, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Orion Perkins	FULL MAIDEN NAME	Naomi Alder Wilcox
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed 1 19 19 Dr A R Cullen

Registrar

[redacted]

JUN 17 1955

[redacted]

JUN 20 1944

363-217-021-619

Form V. S. No. 11-C—25m-8-3-17

PLACE OF BIRTH

County of Franklin

Named added 3-22-79

City of Preston

No. 4th Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70974

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 171

FULL NAME OF CHILD DOLORES FAY COLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	July 17 1919

FATHER		MOTHER	
FULL NAME	Clifford Pratt Cole	FULL MAIDEN NAME	Ethel Warrick
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed 8/1 1919 Dr. C. R. Culbert Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 13 9 00 AM '79

State of Utah
County of Cache } ss.

Certificate No. 70944
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cole (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 17, 1919 (Date of Event)

in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Dolores Fay Cole

Subscribed and sworn to before me this 29th day of January, 19 79.

Notary Public: C. Johansen Hyrum

Residing at _____

My commission expires EXPIRATION DATE NOV. 29, 1980

(Seal) NOTARY PUBLIC Logan Utah STATE OF UTAH

Mabel C. Sullam
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

_____
Supporting Signature

Dolores Fay Cole daughter of Cifford and Ethel Warrick born July 17, 1919, at Preston, Idaho. Baptized April 15, 1928, in L.D.S.Church.
Viewed by V.S.

Family Record gives name as Dolores Fay Cole born July 17, 1919 at Preston, Idaho to Clifford Pratt Cole and Ethel Warrick. Married to JOhn Cornish on [redacted] December 20, 1938.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-105-021-318

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 70945

Primary Registration District No. 2119 Registered No. 1 2 0

FULL NAME OF CHILD Dean Taylor Moser

Sex of Child: Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Oct 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Wade	FULL MAIDEN NAME	Mabel Wilson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 20 1919 [signature]

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 15 10 01 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70945

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Moser (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1919 (Date of Event)

in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dean Taylor Moser

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Aug, 1977

R H Speckly

Notary Public, residing at 955 28th st

My commission expires Jan 11, 1978

(Seal)

Signed Dean Taylor Moser
(Signature of Any Credible Person)

3149 Iowa Ave Ogden Ut.
(Street Address, City, State)

FORM DH 60-155

CL 5/9/77

Certif of Baptism and Confirmation from the LDS Church gives name as Dean Taylor Moser son of J. David Moser and Alene Taylor. born July 5, 1919 in Preston, Idaho. Baptized Dec 18, 1927. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Dean Taylor Moser son of J.David Moser and Eleane Taylor. born July 5, 1919 at Preston, Idaho. Blessed Sept 14, 1919. viewed by V. S.

253-104-021-819

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70946

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 169

FULL NAME OF CHILD Joshua Beckstead

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
M	Twin	II	Yes	July 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	James Marl Beckstead	Laura Belle Harris
RESIDENCE	Whitney Idaho	Whitney, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	28 (Years)	27 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blanchard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 8/1 1919 Dr C R Cubbs

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-104
021-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2119

File No. 70947

Registered No. 160

FULL NAME OF CHILD Joseph Beckstead

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	1	yes	July 4 1919

(To be answered only in event of plural births)

FATHER

FULL NAME James Mark Beckstead

RESIDENCE Whitney Idaho

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Belle Harris

RESIDENCE Whitney Idaho

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Filed 8/1 1919 D. A. R. Wells Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Form V. S. N. 11 O—25m-9-17

243-231-021-155 child's name added 2-3-88 lh

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70948

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 167

FULL NAME OF CHILD Lorraine Butterworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	July 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Lee Butterworth	FULL MAIDEN NAME	Emily Adeline Jennings
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 8/1 1919 Dr. A. R. Cullick Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 8 1973

1-28-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 6 11 02 AM '88

State of Idaho
County of Franklin } ss.

Certificate No. 70948
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 31, 1919 (Date of Event)

in Franklin, Franklin Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Lorraine Butterworth

Subscribed and sworn to before me this 1st day of February, 1988.

Notary Public, LaRae L. Johnson
Residing at Preston, Idaho
My commission expires 7-18-93
(Seal)

x Lorraine Lower
Signature of Applicant
540 West Oneida Preston Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

3 1966

Church membership record from LDS Church gives name as Lorraine Butterworth (Lower - married name) born July 31, 1919 in Franklin, Franklin Co., Idaho to Leonard Lee Butterworth and Emily Jennings. Blessed Nov. 2, 1919 by L L Hatch.
Viewed by V.S.

National Public Service Ins. Co. dated April 11, 1966 gives name as Lorraine Lower born July 31, 1919 in Idaho.
Viewed by V.S.

666-325-021-391

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Franklin

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 70949

Registered No. 166

FULL NAME OF CHILD Leah Woodward

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	July 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cecil Woodward	Bertha Crandall
RESIDENCE	Franklin Co Idaho	Franklin Co Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	37 (Years)	36 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Curtis Blank

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 8/1 1919 D. A. Riddle
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

OCT 28 1965

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 70949

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Woodward (female child) who was born on July 25, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Franklin Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leah Woodward

Subscribed and sworn to before me this 27 day of Oct, 19 65

Notary Public, residing at Preston Idaho

My commission expires 6-7-68

(Seal)

Signed Cecil Woodward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Franklin Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4-2-65. nm

- L.D.S. Church Cert. of Blessing, Sept. 14, 1919 gives full name as Leah Woodward, daughter of Cecil Woodward and Bertha Crandall, born July 25, 1919 at Franklin, Idaho-- viewed by V.S.

MAR 1 1966

Own Child's Birth Cert. on file: (Idaho Birth) #297309 gives full name of mother as Leah Woodward - viewed by V.S.

469-119-021-363

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 70950

Primary Registration District No. 2119 Registered No. 165

FULL NAME OF CHILD Grant Elric Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Edward Morgan	FULL MAIDEN NAME	Alice Evyline Collins
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 8/1 1919 Dr. W. R. Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6 15 73

RECEIVED
VITAL STATISTICS
JUN 15 11 17 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 70950

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Morgan (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1919 (Date of Event)
in Franklin Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Grant Elric Morgan

Subscribed and sworn to before me this 15th day of June, 1973

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Orpha Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

857 Chambers St Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Social Security Number Card # 519-03-1619 obviously Old gives name as Grant Elric Morgan.
Viewed by VS

JUN 15 1973

Own childs birth certificate Grant James Morgan born May 24, 1941 at Franklin, Idaho gives fathers name as Grant Elric Morgan.
State file # 316230.
Viewed by VS

219-118-021-349

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 70951

Primary Registration District No. 219 Registered No. 160

FULL NAME OF CHILD Cliff Smith Barton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8/1/18 19

FATHER		MOTHER	
FULL NAME	Walter K. Barton	FULL MAIDEN NAME	Jennette Marire Smith
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	Wjite	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sterling Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Clerical Work	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R. Barton

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 1 19 17 Albert R. Barton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/741

652-117-021-76[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH [redacted] DAHO
[redacted] STATISTICS
[redacted] OF BIRTH

70952

County of Franklin

City of Glendale

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 161

Hospital

FULL NAME OF CHILD Asa Wayne Porter Webster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	7/17 1919

FATHER		MOTHER	
FULL NAME	Asa Lot Webster	FULL MAIDEN NAME	Rachel Porter
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Glendale	BIRTHPLACE	Preston
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physcian (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed Aug 1 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/2 /41 L. B.

296-110-021-55-6

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70953

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2119

File No. .....

Registered No. 162

FULL NAME OF CHILD JOHN NEFF BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 10 1919

FATHER	MOTHER
FULL NAME: Enoch Brown	FULL MAIDEN NAME: Anne Loretta Neff
RESIDENCE: Clifton Idaho	RESIDENCE: Clifton Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Hoyts Vi,lle Utah	BIRTHPLACE: East Mill Creek Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P.M. on the date above stated.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed Aug 1 19 19 Doris R Cutler (Registrar)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... (Registrar)

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 70953

County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Neff Brown (Name on Original Certificate) who born (Was Born or Died) on July 10 1919 (Date of Event) in Clifton Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by I.D. Record + Policy #10216775 (Bible Record, Insurance Policy, Etc.) prepared on Oct 1 1938 (Give Date) Policy, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Neff Brown
Mother's name	Nuffer	Neff

Subscribed and sworn to before me this first day of September, 1942

J. A. Rasmussen

Notary Public, residing at Sandy Ut.

My commission expires Dec 22 1945

(Seal)

Signed Enoch Brown

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sandy R.D. #1 Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first day of September, 1942

J. A. Rasmussen

Notary Public, residing at Sandy Ut.

My commission expires Dec 22 1945

(Seal)

Signed Anne Loretta Neff Brown

(Signature of Any Credible Person Other Than Previous Year)

Sandy R.D. #1 Utah

(Street Address, City, State)

SEP 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 514-219-021-754 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70954

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 163

FULL NAME OF CHILD RUBY GEDDES EAMES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	7/19 9

FATHER		MOTHER	
FULL NAME	David G. Eames	FULL MAIDEN NAME	Pearl Geddes
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Logan Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed May 1 1919 Dale R. Cutler

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 70954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruby Geddes Eames (Name on Original Certificate) who Born (Was Born or Died) on July 19-1919 (Date of Event) in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on July 19-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruby Geddes Eames

Subscribed and sworn to before me this 17th day of August 1943

Notary Public, residing at Preston Idaho

My commission expires 9-18-1945

(Seal)

Signed Pearl G Eames
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record: or other credible person)

Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of August 1943

Notary Public, residing at Preston Idaho

My commission expires 9-18-1945

(Seal)

Signed David G Eames
(Signature of Any Credible Person Other Than Previous Year)

Preston Idaho
(Street Address, City, State)

AUG 19 1943

NOV 29 1968

AUG 23 1943

AUG 30 1943

469-13-021-244

PLACE OF BIRTH

Amended 8-12-81

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70955

County of Franklin

City of Clifton

No. _____ St.

Hospital _____

Registration District No. 21 File No. _____

Primary Registration District No. 2119 Registered No. 144

Full Name of Child Golden Frank Morgan

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	7/31 19 9

FATHER	MOTHER
FULL NAME: Frank Morgan	FULL MAIDEN NAME: Essie Summers
RESIDENCE: Clifton Idaho	RESIDENCE: Clifton Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3.40 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Aug 1 19 19 D. L. Curtis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-15-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 13 1981
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 70955
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Morgan (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-31-19 (Date of Event)

in Clifton (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Unnamed	Golden Frank Morgan

Subscribed and sworn to before me this 1 day of July, 19 81.

Notary Public, John L Morgan
Residing at Layton
My commission expires My Commission Expires 2-6-82
(Seal)

Golden Frank Morgan
Signature of Applicant
1013 East Gentile Layton Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Utah } ss.
County of Davis }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of July, 19 81.

Notary Public, Susie Bayles
Residing at Layton
My commission expires My Commission Expires 2-6-82
(Seal)

John L. Morgan
Supporting Signature
1500 E. Fiddlers Ct. Rd. Layton, Ut.
Street Address, City, State

LDS Church Certificate of Blessing, Clifton Ward, Oneida Stake, shows Golden Frank Morgan son of J. Frank and Essie E. Summers was born 7-31-19 at Clifton, ID blessed 10-5-19. Viewed by V.S.

AUG 12 1987

Better Babies Standard Score Card obviously old states Golden Frank Morgan age 14 months son of Frank Morgan and Essie Summers dated Sept. 25, ? (faded) Viewed by V.S.

314-120-021-653

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

70956

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 465

Full Name of Child Don Lester Campbell

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 7/20 (Month) (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	Lester Heron Campbell	FULL MAIDEN NAME	Lena Wettstern
RESIDENCE	Preston Idaho	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	White Ogden Utah	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address Preston Idaho

Filed Aug 1 1919 Dr A R Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1972

OCT 19 1942

JUN 28 1944

389-117-021-266

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70957

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2419

Registered No. 188

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Olef Christensen	FULL MAIDEN NAME	Rosella Forfoed
RESIDENCE	Weston, Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	Whitet
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Brigham, Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Framer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11,40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed 8/6 1919 Dora R Cutler Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 6 1968

386-121-021-331

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70958

County of Franklin

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 181

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 21 (Month) 9 (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Richard Chowles	FULL MAIDEN NAME	Rebecca Clark
RESIDENCE	Mapleton, Idaho	RESIDENCE	Mapleton, Idaho
COLOR	Whhte	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Fairview, Idaho	BIRTHPLACE	Pocatello, Idaho.
OCCUPATION	Framer	OCCUPATION	Wife

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:01 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 8/16 1919 Dr. A. R. Cueth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-117-021-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 70959

Registered No. 179

FULL NAME OF CHILD Percel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 17 1919

FATHER		MOTHER	
FULL NAME	Edward P. Talbot	FULL MAIDEN NAME	~~Alice Taylor~~
RESIDENCE	Winder, Idaho	RESIDENCE	Winder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Framer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed 8/6 1919 D. A. R. Cullen Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-116-021-299

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70960

County of Franklin

City of Winder

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 178

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July, 16, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester I. Sharp	FULL MAIDEN NAME	Mary Alice Bright
RESIDENCE	Winder, Idaho	RESIDENCE	Winder, Idaho
COLOR	Wgite	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 8/6 1919 Dr. A. R. Cuelty

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-203-021-281

PLACE OF BIRTH
Name Added 5/15/81

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70961

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 177

FULL NAME OF CHILD Elsie Kidd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	June 3 1919

FATHER		MOTHER	
FULL NAME	Hugh Kidd	FULL MAIDEN NAME	Myra Sharp
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11,35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

Filed 8/6 1919 Dr W Crilly

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-6-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 9 29 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of FRANKLIN } ss.

Certificate No. 70961
Date Filed MARCH 9, 1981

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Kidd (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-3-19 (Date of Event)
in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elsie Kidd

Subscribed and sworn to before me this 9 day of March, 19 81.
Notary Public, Kent F. Kinghorn
Residing at Preston Idaho
My commission expires 11-24-84
(Seal)

Elsie Kidd Bodily
Signature of Applicant
72 So. 4th West PRESTON, IDAHO
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of FRANKLIN } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of March, 19 81.
Notary Public, Kent F. Kinghorn
Residing at Preston Idaho
My commission expires 11-24-84
(Seal)

Lloyd J. Kidd
Supporting Signature
4051 So. 895 East OGDEN, UTAH
Street Address, City, State

1 cc pd

Certificate of Baptism gives name of Elsie Kidd, -
-daughter of Hugh Kidd & Myra Sharp, born June 3, 1919,
at Preston, Idaho and Baptized July 19, 1927, in L.D.S.
Church.

MAY 15 1981

Viewed by V.S.

Family record gives name as Elsie Kidd, daughter of
Hugh Kidd & Myra Sharp. Married to George Bodily
on July 27, 1938.

Viewed by V.S.

651-202-021-414

PLACE OF BIRTH

name added 3/281

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70962

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 175

FULL NAME OF CHILD June Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 2 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Sylvan G. Weaver	FULL MAIDEN NAME Edna Harrit Maughan
RESIDENCE Preston Idaho	RESIDENCE Preston, Idaho
COLOR White — AGE AT LAST BIRTHDAY 34 (Years)	COLOR White — AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Millville Utah.	BIRTHPLACE Logan, Utah.
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5,05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staples

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/6 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 70962
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for June Weaver (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 2, 1919 (Date of Event)

in Prestnn, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	June Weaver

Subscribed and sworn to before me this 2nd day of _____, 1981

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Mrs June W. Long
Signature of Applicant
1417 No Garden St.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

in office 3-2-81

Social Security card #529 10 7071 gives name a June Weaver Long. Viewewe by VS

Onw child's birth certif on file in Idaho #48-14215 gives name as Carol Ann Long born Dec 25, 1948. mother's name as June Weaver. Viewed by V. S.

MAR 2 1981

349-103-027-235

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70963

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 176

FULL NAME OF CHILD DONALD GAIL TURNER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 3, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William J. Turner	FULL MAIDEN NAME	Susan Stephenson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Cotton Wood Valley Idaho	BIRTHPLACE	Richfield, Utah.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Registrar

Filed 8/6 1919 Dr A R Cutts Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

SEP 2 2 1941
RECEIVED

Certificate No. 70963
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Donal Gail Turner (Name on original certificate) who born (Was born or died) on June 3, 1919 (Date of event)
in Preston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Turner	Donald Gail Turner

Subscribed and sworn to before me this 25, day of September, 1941

Notary Public, residing at Grace, Idaho

My commission expires May 7, 1945

[SEAL]

Signed Wm J Turner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25, day of September, 1941

Notary Public, residing at Grace, Idaho.

My commission expires May 7, 1945.

[SEAL]

Signed Wm J Turner
(Signature of any credible person other than the previous affiant.)

Grace, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

693-219-021-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 70964

Primary Registration District No. 2119 Registered No. 156

FULL NAME OF CHILD Montrue B. Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 19 1919

FATHER		MOTHER	
FULL NAME	James L. Williams	FULL MAIDEN NAME	Hazle Bonita Bowman
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	
OCCUPATION	Teacher & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ✓

Harriet A. Howell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ✓ Clifton Idaho

Filed July 31 1919 Dr A R Cueller

Registrar

Registrar

APR 16

154-128
024-154

PLACE OF BIRTH

[redacted] 11-C—25m-1-1-18

[redacted] 966

County of Gooding

City of Wendell

Registration District No. 35 File No.

No. St.

Primary Registration District No. Registered No. 755

Hospital

FULL NAME OF CHILD Osymn Earl Anderson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			June (Month), 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Anderson	FULL MAIDEN NAME	Kate Quigley Anderson
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Swan Lake Idaho
OCCUPATION	Farming	OCCUPATION	house Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall

midwife (Physician or midwife)

Given names added from a supplemental report.

19 9

Address Oxford Idaho.

Filed July 15 1919 Idaho.

D. A. McCullis Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-124
021-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27

File No. 70967

No. ..... St.

Primary Registration District No. 2119

Registered No. 173

Hospital

FULL NAME OF CHILD James Ira Young

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy			2nd	Yes	July 24th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrance Young	FULL MAIDEN NAME	Leila Doney
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 2 born alive (Born alive or stillborn), at 12.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Adamson

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richmond Utah

Filed Aug 2 1919 Dr A R Cullin
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

MAR 11 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Weber } ss.

Certificate No. 70967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Ira Young (Name on Original Certificate) who was born (Was Born or Died) on 24th day of July (Date of Event)
in Franklin, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 25th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	July 25th 1919	July 24, 1919

Subscribed and sworn to before me this 9th
day of March, 1942.

Notary Public, residing at Ogden Utah.

My commission expires Feb 26 1943
(Seal)

Signed Lawrence A Young
(Signature of parent ~~or attendant~~ if correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

436 - 20th St. Ogden, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

MAR 28 1942

318-128-022-693

PLACE OF BIRTH

County of Fremont

~~City~~ of Kilgore

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70968

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 157

Full Name of Child Ernest Hayes Taylor

SEX OF CHILD Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH First (Month) 28 (Day) 1910 (Year)

FATHER		MOTHER	
FULL NAME	Harry Taylor	FULL MAIDEN NAME	Amelia Ann Williamson
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 d. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella F. Smith

Midwife (Physician or midwife)

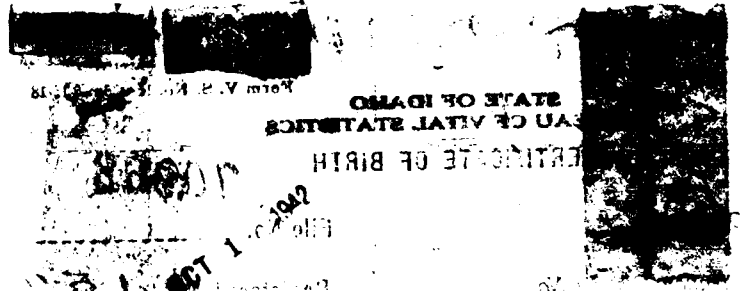
Given names added from a supplemental report

..... 19....

Address Spencer Idaho

Filed Aug 1 1919 D. A. R. Cutter Registrar

..... Registrar


STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
OCT 1 1942

MAR 2 5 1975

312-223-030-156

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

70971

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD DONNA ANNE Casterlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	7 — 23rd 1919

FATHER		MOTHER	
FULL NAME	Don Mayo Casterlin	FULL MAIDEN NAME	Anne Jeffers
RESIDENCE	Junction, Ida	RESIDENCE	Junction, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Michigan	BIRTHPLACE	Tennessee
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Bratton, MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Idaho

Filed Aug 11 1919 M. Dering Greene

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

JAN 26 1942

Certificate No. 7097

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Casterlin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 23 1919 (DATE OF EVENT)
in Salmon, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH-DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Casterlin	Donna Anne Casterlin
Date	July 21st	July 23rd

Subscribed and sworn to before me this 21st
day of January, 19 42

Estella Peterson
Notary Public, residing at Los angeles
My commission expires Sept 7, 1943
(SEAL)

Signed Don Mayo Casterlin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
937 So. Kenmore Los Angeles Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of January, 19 42

Estella Peterson
Notary Public, residing at Los angeles
My commission expires Sept 7, 1943
(SEAL)

Signed T. E. Denny
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
3820 Somerset Dr. Los Angeles Cal.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 944-211-006-494

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70972

County of Bingham

City of Blackfoot

No. Moreland St.

Registration District No. 121

File No.

Primary Registration District No. 2144

Registered No. 173

Hospital

FULL NAME OF CHILD Mae May Rudolph

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes,	July 11 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Jack Rudolph	FULL MAIDEN NAME	Carry Midtlieder
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Russia
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elnora Hammond

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Moreland Idaho,

19

Filed July 30 1919 Mrs Nellie E. Patrick

Registrar

Registrar

S-Y-CQ 38071

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of San Joaquin }

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 2 11 42 AM '73

Certificate No. 70972

Date Filed June 22, 1973

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rudolph (Female) who was born on July 11, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mae Rudolph

Subscribed and sworn to before me this 22nd day of June, 19 73

Notary Public, residing at [redacted], California

My commission expires Aug. 25, 1974

(Seal) SAN JOAQUIN COUNTY
My commission expires Aug. 25, 1974

Signed Carolina Rudolph
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lodi, Calif. 95240
(Street Address, City, State)

748 S. Church St.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of .....
County of ..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 6/12/73 nm

Family Bible Record gives child's name as May Rudolph born July 11, 1919. Viewe by V. S.

AUG - 2 1973

Own child's birth certificate on file in Idaho (425917) gives mother's name as Mae Esther Rudolph. Viewed by V. S.

319-129-006-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70973

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. St.

Primary Registration District No. 1007 Registered No. 176

Hospital

FULL NAME OF CHILD No name Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	—	Yes	July 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard W. Larson	FULL MAIDEN NAME	Edna May Jones
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oklahoma
OCCUPATION	Clerk Furniture store	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed July 2 1919 Mrs Walter E. Pahie

Registrar Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-231-006-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Pingree Precr

Registration District No. 121

File No. 70974

No. ..... St.

Primary Registration District No. 2194

Registered No. 177

Hospital .....

FULL NAME OF CHILD Unnamed Shown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Shown	FULL MAIDEN NAME	Ethel Kenberger
RESIDENCE	Pingree Idaho	RESIDENCE	Kansas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jul 31 1919 Mrs Walter E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

553-110-006-691

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 70975

Primary Registration District No. 2194 Registered No. 178

FULL NAME OF CHILD Lovin Nelsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Amoa Ephram Nelsen	FULL MAIDEN NAME	Thera Frandsen
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed Aug 1 1919 Mrs Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-216-006-756

PLACE OF BIRTH

Form V. S. No. 11,C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 109 Broadway St.

Hospital No

Registration District No. 121

File No. 70976

Primary Registration District No. 1007

Registered No. 179

FULL NAME OF CHILD Marg Gibson (Corrected name) June Marie Gibson

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl Gibson	FULL MAIDEN NAME	Acuma George
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Lineman	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 1 1919 Mrs Matta E. [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792 - 276 - 006 - 756

PLACE OF BIRTH

County of _____

City of Blackfoot

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gibson, June Marie

3. Sex Female

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? ✓

8. Date of birth July 16, 1917 (MONTH, DAY, YEAR)

FATHER

9. Full name Donald E Gibson

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho

11. Color or race Caucasian 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work 7-16-19, 19___ 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Acuna George

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Id.

20. Color or race Caucasian 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or country) Kansas Wat

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____ { Before labor _____ During labor _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 16 (BORN ALIVE OR STILLBORN) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Mrs Edmund Gibson, Midwife

Address _____

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed _____, 193___ _____ Registrar.

UNCL
AUG 1 8 1942
SEP 8 1954
OCT 16 1951

157-110-006-143

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 70977

Primary Registration District No. 1007 Registered No. 180

FULL NAME OF CHILD Julius Angelo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Josephus Angelo	FULL MAIDEN NAME	Anita Juliano
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive a. (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 1 1919 Mrs Nature E [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-115-006-214

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70978

County of Bingham

City of Blackfoot

No. Ringnes St.

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 181

Hospital

FULL NAME OF CHILD Elvord Levi Roy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter C. Roy	FULL MAIDEN NAME	Christina Kaus
RESIDENCE	Ringnes, Idaho	RESIDENCE	Ringnes, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 1 1919 Mrs Walter C. Roy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1944

155-124-006-355

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70979

County of Bingham

City of Blackfoot

No. Presto St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 182

Hospital

FULL NAME OF CHILD RAYMOND HOWARD JENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. A. Jensen	FULL MAIDEN NAME	May Tapples
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot, Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 1 1919 Mrs. Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

—DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 70979

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Howard Jensen (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1919 (Date of Event)
in Blackfoot, Bingham County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Howard	Raymond Howard Jensen

Subscribed and sworn to before me this 18th
day of June, 19 42

Notary Public, residing at Idaho Falls, Ida.

My commission expires 12-8-43
(Seal)

Signed May Peeples (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

480 E. College, Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of June, 19 42

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 19 1942

Corrected 6/22/42 Z.J.

JUL 10 1974

JUN 24 1942

449-129-006-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St.

Hospital

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70980

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 183

FULL NAME OF CHILD Duncan Murdock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 29 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David L. Murdock	Pearl Jones
RESIDENCE	Blackfoot, Idaho #2	Blackfoot, Idaho #2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Idaho	Colorado
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

(Signature) J. W. Mitchell

(Physician or midwife)

Address

Filed Aug 1 19 17 Mrs Walton

Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

APR 24 1972

JUN 2 1976

JUL 3 1976

FEB 23 1972

719-104
006-318

PLACE [redacted]

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 70981

No. R St.

Primary Registration District No. 1007

Registered No. 284

Hospital

FULL NAME OF CHILD John Taylor Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Earl Parker	FULL MAIDEN NAME	Ethel Taylor
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennisee	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I [redacted] that I attended the birth of this child, who was Born alive at 2 P M. on th[redacted]d.
(Born alive or stillborn)

[redacted] was no attending physician or [redacted] father, householder, etc., should [redacted]n. A stillborn child is one that [redacted] nor shows other evidence of life

(Signature) W W Beck

Physician
(Physician or midwife)

[redacted]dded from a supplemental report.

[redacted] 19

Address Blackfoot Ida

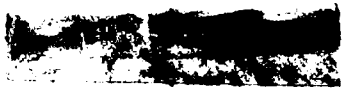
Filed Aug 1 1919 Mrs Walter S Perkins
Registrar

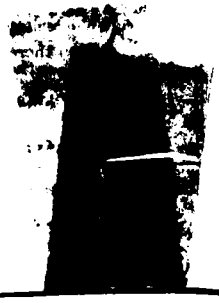
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

149-208-206-813

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1 [illegible] 8-8-17

70983

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 186

FULL NAME OF CHILD Cora Bernice Judd

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 8 1919

FATHER

FULL NAME Sidney A. Judd

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Libbie Hall

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 1 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Beck

(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 1 19 19 Mrs Walter E Parker Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 19 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 70983

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Judd (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Cora Bernice Judd

Subscribed and sworn to before me this 15th day of June, 1967

Notary Public, residing at Rupert

My commission expires 8-25-69

(Seal)

Signed Elizabeth Judd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1967

Notary Public, residing at Rupert

My commission expires 8-25-69

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

901 E 8th Rupert Ida
(Street Address, City, State)

FORM DH 60-155 CL 4-6-65. nm

L.D.S. Church Cert. of Blessing, Aug. 3, 1919 gives full name as Cora Bernice Judd, daughter of Sidney A Judd and Elizabeth Hale, born July 8, 1919 at Blackfoot, Idaho - viewed by V.S.

JUN 29 1967

L.D.S. Church Seminaries, Certificate of Graduation, May 2, 1937 gives full name as Cora Bernice Judd - viewed by V.S.

MAR 26 1973

219-112-006-897

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70984

County of Bingham

City of ~~Blackfoot~~

Pingree St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 187

FULL NAME OF CHILD Lawrence Cecil Karns

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Benjamin Karns	FULL MAIDEN NAME	Jennie Elizabeth Highy
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wyoming
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Aug 1 1919 Mrs Walter E. Patr[illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 5 1970

11-6-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OKLAHOMA
County of OKLAHOMA } ss.

RECEIVED
NOV 2 0 1970
Bureau of Vital Statistics

Certificate No. 70984

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Karns (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1919 (Date of Event)
in Pingree, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lawrence Cecil Karns

Subscribed and sworn to before me this 16th day of November, 19 70

Notary Public, residing at Oklahoma City, Oklahoma

My commission expires January 3, 1973
(Seal)

Signed John B Karns Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1427 South Lenora, Oklahoma City, Oklahom 73125
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

JAN 4 1971

Family Record gives name as Lawrence Cecil Karns born July 12, 1919 in Pingree, Idaho. Father John Benjamin Karns and Mother Jennie Higby. Record Obviously old.
Viewed by V.S.

School Record gives name as Lawrence Cecil Karns. Report card dated Nov. 1928.
Viewed by V.S.

394-122-006-389

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD #2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—Mm-8-8-17

70985

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 188

FULL NAME OF CHILD LELAND VIRGIL Lim

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rulan D. Lim	FULL MAIDEN NAME	Geneva Eliza Christiansen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Registrar

Filed Aug 1 1919 Mrs Walter E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BINGHAM } ss.

Certificate No. 70985

Date Filed JUNE 13.

The undersigned does solemnly swear that certain facts on the certificate of LELAND VIRGIL LIM (Birth or Death)
for (Name on Original Certificate) who BORN (Was Born or Died) on JULY 22 - 1919 (Date of Event)
in BLACKFOOT - IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leland Virgil Lim

Subscribed and sworn to before me this 13th day of 1942

P. C. Rhodes

Notary Public, residing at Portland, Ore.

My commission expires July 27-1942
(Seal)

Signed Alta Lim Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 17 19

JUN 2 2 1942

165-223-006-415

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70986

County of Bingham

City of Blackfoot

No. RD # 4 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 189

Hospital

FULL NAME OF CHILD Vera Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph L. Jones	FULL MAIDEN NAME	Grace C Davis
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Aug 1 1919 Mrs Walter E. Patrie

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1948

MAR 5 1948

271-225-006-669

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70987

County of Bingham

City of Ringree

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 190

Hospital

FULL NAME OF CHILD Catherin June Spani

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Spani	FULL MAIDEN NAME	Violet June Worthen
RESIDENCE	Ringree	RESIDENCE	Ringree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Dick

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Aug 1 1919 Mrs Walter E Patrie

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1943

133-130-006-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70988

County of Bingham

City of Blackfoot

No. R D # 2 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 191

Hospital

IREL HARVEY

FULL NAME OF CHILD Unnamed Allred

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph S. Allred	FULL MAIDEN NAME	Mary Janet Dayley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Aug 1 1919 Mrs Walter E. Vahie

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Bingham }

OCT 26 1942

Certificate No. 70988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Iret Harvey Allred (Name on Original Certificate) who ~~(Was Born or Died)~~ on 7/30/1919 (Date of Event)
in Blackfoot Idaho Bingham County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
		Iret Harvey Allred

Subscribed and sworn to before me this 21 st
day of October 1942.
E. C. Taylor
Notary Public, residing at Blackfoot-Ida
My commission expires Jan 7th 1944
(Seal)

Signed Mary Janet Harvey Allred
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 9 1942

284-224-006-416

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70989

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 192

FULL NAME OF CHILD Eva Shutt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jake Shutt	FULL MAIDEN NAME	Edith Slawson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Aug 12 1919 Mrs Walter E. Pahie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-222-006-955

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70990

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 193

FULL NAME OF CHILD Lorraine Barton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Beauford C. Barton	FULL MAIDEN NAME	Bessie E Reese
RESIDENCE	Pingree Ida	RESIDENCE	Pingree Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James O Hampton MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Registrar

Filed Aug 2 1919 Mrs Walter E Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JAN 14 1 01 PM '76

State of ..... } ss.
County of .....

Certificate No. 70990

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Barton (female) (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1919 (Date of Event) in Pingree, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lorraine Barton

Subscribed and sworn to before me this ..... day of ..... 19 .....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Monterey

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of January 1976

Signed Christina A Dockery
(Signature of Any Credible Person)

P.O. Box 62 (De El Rio)
Carmel Valley, Calif. 93924
(Street Address, City, State)

Louis E. Allaire

Notary Public, residing at Carmel Valley, Calif.

My commission expires 4-19-78

(Seal)

OFFICIAL SEAL
LOUIS E. ALLAIRE
NOTARY PUBLIC - CALIFORNIA
Principal Office in MONTEREY County
My Commission Expires April 19, 1978

FORM DH 60-155

CL 12/30/75 nm

P. O. Box 263, Carmel Valley, Calif. 93924

Affidavit of Registration (Voter Registration) in Precinct of Idyllwild.
Affidavit #90587 gives namd as Miss Lorraine Barton. dated Sept. 24, 1940.
signed by Margaret R. Humber. viewed by V. S.

FEB 6 1976

Permanent High school record gives nameas Bessie Lorraine Barton born July 22, 1919.
date fo S Entrance Sept 1, 1933. enterd from Wynona Grade School viewed by V. S.

712-122-004-962

[redacted] BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 2132

Primary Registration District No. 53

File No. 70991

Registered No. .....

FULL NAME OF CHILD Blaine H. Passey

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	3 23 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed H. Passey	Carie Robbs
RESIDENCE	Paris	Paris
COLOR	W.	W.
AGE AT LAST BIRTHDAY	52 (Years)	44 (Years)
BIRTHPLACE	Paris	Utah
OCCUPATION	Garage Mens.	House Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sutton M.D.
(Physician or midwife)

Address Paris

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/10/19 19.....

C. J. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 26 1955

SEP 6 1949

76[illegible]-363

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

Registration District No. 2132

Primary Registration District No. 53

File No. 70992

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	X		X	Yes.	7 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H. Poulsen	FULL MAIDEN NAME	Mabel Collings
RESIDENCE	Paris.	RESIDENCE	Paris
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Paris

Filed 8/10/19 R. J. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-125-004-753

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70993

County of Bear Lake,

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 2132

Amended 12/13/76

Primary Registration District No. 53

File No. .....

Registered No. .....

FULL NAME OF CHILD Calvert LaGrand Carlson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	7 (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Carlson	FULL MAIDEN NAME	Eva Peterson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Garage man	OCCUPATION	House Wife

Number of child of this mother, including present birth 16

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris

Filed 8/10/19 19.....

D. Sutton Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
DEC 13 9 04 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 70993

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Carlson (male) (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1919 (Date of Event) in Ovid, Idaho (Bear Lake Co) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Calvert LaGrand Carlson
Date of birth	July 26, 1919	July 25, 1919

Subscribed and sworn to before me this 13 day of December 1976

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Kathryn E. Hruska
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5306 Fairmont, Boise 83704
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 12/7/76 nm

-Own daughter's birth certificate on file in Idaho file No. 423837. gives name as Karen Jo Carlson born Aug 16, 1946 at Nampa, Idaho. father's name as Calvert LaGrand Calrson and mother's nameas Rosamond Bullock. viewed by V. S.

Family record kept by Charles F. Carlson lists name as Calvert LaGrand Carlson born 25 July 1919 in Ovid, Idaho. viewed by Vital Statistics

Discharge papers issued 12 April 1945 gives name as Calvert L. Carlson born 25 July 1919 in Ovid, Idaho. viewed by V.S.

683-209-004-162

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

name added 8/22/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70994

County of Bear Lake

City of Paris

Registration District No. 2132

File No.

No. St.

Primary Registration District No. 53

Registered No.

Hospital

FULL NAME OF CHILD Afton Wyler

Sex of Child Female

Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 7 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Arthur Wyler	FULL MAIDEN NAME	Louise Jonley
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Paris Ida

Filed 8/10/19 R. J. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-11-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 6 1980
Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 70994
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Wyler (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 9, 1919 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childsname	omitted	Afton Wyler

Subscribed and sworn to before me this 5th day of June, 19 80

Notary Public, Jeanne Dennett

Residing at Ovid, Idaho

My commission expires Lifetime

(Seal)

Edna Bolton.
Signature of Applicant

Paris. Idaho.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Baptismal record from LDS Chruch gives nameas Afton Sparks born July 9, 1919 at Paris, Idaho. Baptized Aug 6, 1927. father's name as Charles Arthur Wyl_ and mother' s name as Louisa Joneley. viewed by V. S.

AUG 22 1980

Family Group record gives name as Afton Wyler born Spet 7, 1919at Paris, Idaho. father's name as Charles Arhturh Wyler and mother's name as Louisa Jonely. viewed yb VS

713-108-004-366

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

70995

CERTIFICATE OF BIRTH

County of Bear Lake.

City of Bloomington Registration District No. 3132 File No.

No. St. Primary Registration District No. 53 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	7 8 1919

(To be answered only in event of plural births)

FATHER

FULL NAME Raoul Palmer.

RESIDENCE Bloomington

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Bloomington

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Henrietta Cook.

RESIDENCE Bloomington

COLOR W. AGE AT LAST BIRTHDAY 26. (Years)

BIRTHPLACE Illinois

OCCUPATION Home Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Sullivan M.D.

(Physician or midwife)

Address Paris

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 8/10/19 O. J. Sullivan
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-221-004-962

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70996

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 2132

Primary Registration District No. 53

File No. .....

Registered No. .....

FULL NAME OF CHILD Jean Elsie Budge

Sex of Child Female	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 6 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Seth Budge	FULL MAIDEN NAME	Mary Roberts
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Lanark
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M W

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Paris

Filed 8/10/19 R J Sutton

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 24 1971
Bureau of Vital Statistics

State of Utah
County of Utah } ss.

Certificate No. 70996

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Budge- (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1919 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Budge-	Jean Elsie Budge

Subscribed and sworn to before me this 25th day of August, 19 71

X Notary Public, residing at Lehi, Utah
My commission expires Feb. 8, 1973
(Seal)

X Signed Beth Budge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
496 North Center St. Lehi, Utah 84043
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

MARY E. KELLEY
NOTARY PUBLIC
WYANDOTTE COUNTY, KANSAS
MY COMMISSION EXPIRES
JANUARY 25, 1975

State of Kansas
County of Wyandotte

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of September, 19 71

Mary E. Kelley
Notary Public, residing at Kansas City Kansas
My commission expires January 25, 1975
(Seal)

Signed J. Marguerite Graves
(Signature of Any Credible Person)
4510 Georgia Kansas City, Ks. 66104
(Street Address, City, State)

FORM DH 60-155 CL 6/24/71 nm

Certificate of Birth from LDS Church dated Sept. 9, 1960 gives name as Jean Elsie Budge. Born: June 21, 1919 at Paris, Idaho. Father's name Seth Budge and mother's maiden name Mary Roberts. Recorded in Bear Lake Stake, Paris 2nd Ward Record of Births and Blessings, 1919, page 614. Entered on record Aug. 3, 1919. Viewed by V. S

SEP 30 1971

Child's birth certificate on file in Idaho File No. 366156 gives child's name as Jerrold Lynn Hendrix born Oct. 15, 1942 at Boise, Idaho. Gives father's name as Howard Morgan Hendrix and mother's maiden name as Jean Elsie Budge. Viewed by V. S.

553-124-004-553

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake
Name added 2-26-79

City of Bloomington

Registration District No. 2132 File No. 70997

No. _____ St.

Primary Registration District No. 53 Registered No. _____

Hospital _____

FULL NAME OF CHILD Theo Christian Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	6 (Month) 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adelbert H. Nelson	FULL MAIDEN NAME	Mary A Nelson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Sutton
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Address Paris

Filed 8/15/19 O. J. Sutton
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 30 1 55 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 70997
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed Nelson (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 24, 1919 (Date of Event) in Bloomington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Theo Christian Nelson

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Theo. C. Nelson
Signature of Applicant

313 No. 11th St. Montpelier Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, 19 79

Notary Public, Randall M. Stoor
Residing at Montpelier
My commission expires Lifetime
(Seal)

Randall M. Stoor
Supporting Signature

346 Webster Montpelier, Idaho
Street Address, City, State

1-18-79

Certificate of Baptism and Confirmation gives name as Theo Christian Nelson son of Adelbert H. Nelson and Mary Agnes Nelson
born June 24, 1919 at Bloomington, Bear Lake, Idaho. Baptized May 5, 1928 in L. D. S. Church.
Viewed by v.S.

Certificate of Ordination gives name as Theo Christian Nelson ordained a Deacon in the Aaronic Priesthood in the L.D.S.Church Ordained Aug 2,1931
Viewed By V.S.

764-226-004-844

PLACE OF BIRTH name added 11/10/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

70998

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 2132

Primary Registration District No. 53

File No. .....

Registered No. .....

FULL NAME OF CHILD LaVon Poulsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	7 (Month) 26 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James S. Poulsen	FULL MAIDEN NAME	Harrett Humphreys
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Address Paris

Filed 8/10/19 R. J. Sutton
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-15-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
OCT 8 1980
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 70998
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Poulsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 26, 1919 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	LaVon Poulsen

Subscribed and sworn to before me this 1st day of October, 1980.

Notary Public, Marie P. Dis Vargas

Residing at Salt Lake City, Utah

My commission expires 3/4/82

(Seal)

LaVon Poulsen Rasmussen
Signature of Applicant

3619 West 3725 So. Salt Lake City Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Seminaries Certificate of Graduation gives nameas LaVon Poulsen dated April 24, 1936. viewed by V S.

NOV 1 2 1980

Baptismal record from the LDS church give name as Lavon Poulsen born July 26, 1919 ~~xxx~~ at Paris, Idaho. Baptized Aug 6, 1927. viewed by V. S.

613-227-004-356

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake.

City of Paris

No. _____ St.

Hospital _____

Registration District No. 432

Primary Registration District No. 53.

File No. 70999

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	yes		II	yes	7 (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm L Wallentine	FULL MAIDEN NAME	Bursha Lewis
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Paris

Filed 8/10/19 R J Sutton Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-227-004-356

Amended 3-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71000
Local Reg. No.
Reg. Dist. No. 2132

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bear Lake	a. STATE: Idaho b. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Leda		Wallentine

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ___ TWIN X TRIPLET ___	1st X 2nd ___ 3rd ___	7 - 27 - 1919

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Wm.	L	Wallentine

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Paris, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Bertha		Lewis

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
26 YEARS	Paris, Idaho	4	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
R. J. Sutton, M.D.	M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Paris, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: 8/10/1919	22. REGISTRAR'S SIGNATURE: R.J. Sutton
	23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 8 1965 Bureau of Vital Statistics

State of Idaho
County of Bear Lake

Certificate No. 71000
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wallentine (Name on Original Certificate) who born (Was Born or Died) on 7-27-1919 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leda Wallentine
Full Maiden Name of Mother	Burtha Lewis	Bertha Lewis

Subscribed and sworn to before me this 21st day of January 1965
[illegible]
Notary Public, residing at Montpelier Idaho
My commission expires April 12, 1967
(Seal)

Signed Wm Wallentine Fat[illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 1-9-59. mm

L.D.S. Church Cert. of Record of Membership, baptized Oct. 29, 1927 gives full name as Leda Wallentine Bentsen, born July 27, 1919 at Paris, Idaho to William Wallentine and Bertha A. Lewis - viewed by V.S. Bentsen is married name -

Own Child's Birth Cert. on file: (Idaho Birth) #432039 gives full maiden name of mother as Leda Wallentine - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #150004 gives full maiden name of mother as Bertha A. Lewis - viewed by V.S.

Form V. S. No. 11—25m-3-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71000

County of Bear Lake.

City of Paris

Registration District No. 2132

File No.

No. St.

Primary Registration District No. 53

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	Yes.	1	Yes.	7 27 1916

FATHER	MOTHER
FULL NAME Wm L Wallentine	FULL MAIDEN NAME Burthal Lewis.
RESIDENCE Paris	RESIDENCE Paris
COLOR White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Paris	BIRTHPLACE Paris
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Sullon M D

(Physician or midwife)

Address Paris

Given names added from a supplemental report.

.....19.....

Filed 8/10/16 O J Sullon

Registrar

.....

Registrar

S-Y-CO. 38071

MAR 30 1965

386-229-004-253

Form V. S. No. 11-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71001**

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 2132

Primary Registration District No. 63

File No. .....

Registered No. .....

FULL NAME OF CHILD Effie Thompson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	X		X	yes	7 29 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank L Thompson	FULL MAIDEN NAME	Elizabeth Beck
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bloomington	BIRTHPLACE	Lanark
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 45 P M. on the date above stated.

(Signature) B J Sullivan

MD

(Physician or midwife)

Address Paris

Filed 8/10/19 B J Sullivan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 10 1965
Bureau of Vital Statistics

State of IDAHO } ss.
County of Caribou

Certificate No. 71001

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Thompson (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1919 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Beneficial Life Insuranee #237468 (Bible Record, Insurance Policy, Etc.) prepared on March 1, 1943 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Effie Thompson

Subscribed and sworn to before me this 23rd day of November 1965

Helen B. Kingsford

Notary Public, residing at Soda Springs, Idaho

My commission expires August 14, 1969

(Seal)

Signed Carrie Driscoll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of November, 1965

Helen B. Kingsford

Notary Public, residing at Soda Springs, Ida

My commission expires 8/14/69

(Seal)

Signed Ida Bolton
(Signature of Any Credible Person)

10 W 3rd So Soda Springs Ida
(Street Address, City, State)

FORM DH 60-155

CL 10-7-65. one copy pd. rec. #19015.

Marriage Certificate, State of Idaho, County of Franklin, married Nov. 3, 1947 at Preston, Idaho gives full name of groom as Lorin C. Hoopes and full ~~name of b~~ maiden name of bride as Effie Thompson - viewed by V.S.

FEB 1966

Beneficial Life Insurance Co. Policy, dated March 1, 1943 policy no. 237468 gives full name of insured as Effie Thompson Windley Hoopes, age 24 -viewed by V.S.

681-106-027-368

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71003

Primary Registration District No. 017-2017 Registered No. .....

FULL NAME OF CHILD FRED CARL WYATT

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth 6 | Legitimate? Yes | Date of Birth Aug 6 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Chas Edward Wyatt	FULL MAIDEN NAME Nettie Lohoff
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Mo.
OCCUPATION Farming	OCCUPATION Housewife.

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller. M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 12 1919 E. D. Pope Registrar

SW CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Washington }

Certificate No. 71003
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Fred Carl Wyatt (Name on Original Certificate) who born (Was Born or Died) on August 6, 1919 (Date of Event) in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fred Carl Wyatt

Subscribed and sworn to before me this 6th day of August, 1943

[signature]
Notary Public, residing at Hillsboro, Oregon
My commission expires March 4, 1945
(Seal)

Signed C. E. Wyatt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C. E. Wyatt, 477 S Barley
(Street Address, City, State) Hillsboro Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1943

[signature]
Notary Public, residing at Hillsboro, Oregon
My commission expires March 4, 1945
(Seal)

Signed C. E. Wyatt
(Signature of Any Credible Person Other Than Previous Year)

477 S Barley
Hillsboro Oregon
(Street Address, City, State)

AUG 11 1943

AUG 1 2 1943

JAN 1 3 1945

249-227-027-463

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made [illegible] of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital Home

Registration District No. 23

File No. 71004

Primary Registration District No. 1017 2017

Registered No. _____

FULL NAME OF CHILD Winifred J.

Sex of Child Female	Twin Triplet or other? and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Henry Smith	FULL MAIDEN NAME	Myrel May Motter
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Date Aug 12 19 E. D. P[illegible]

Registrar

Registrar

RESERVED FOR BINDING

PRINT—THIS IS A PRELIMINARY WORKING

Form No. 11—Page 1

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Certificate of

799-101-027-557

Form V. S. No. 11—25m-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71005

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital Home

Registration District No. 23 File No. _____

Primary Registration District No. 1019-2019 Registered No. _____

FULL NAME OF CHILD Franklin Wayne Griffiths

Sex of Child Male	Twin Triplet or other? and Number in order of birth 8th (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J. ~~Griffeth~~ Griffiths	FULL MAIDEN NAME	Alice L. England
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Aug 12 1919 E. D. Pope
Registrar

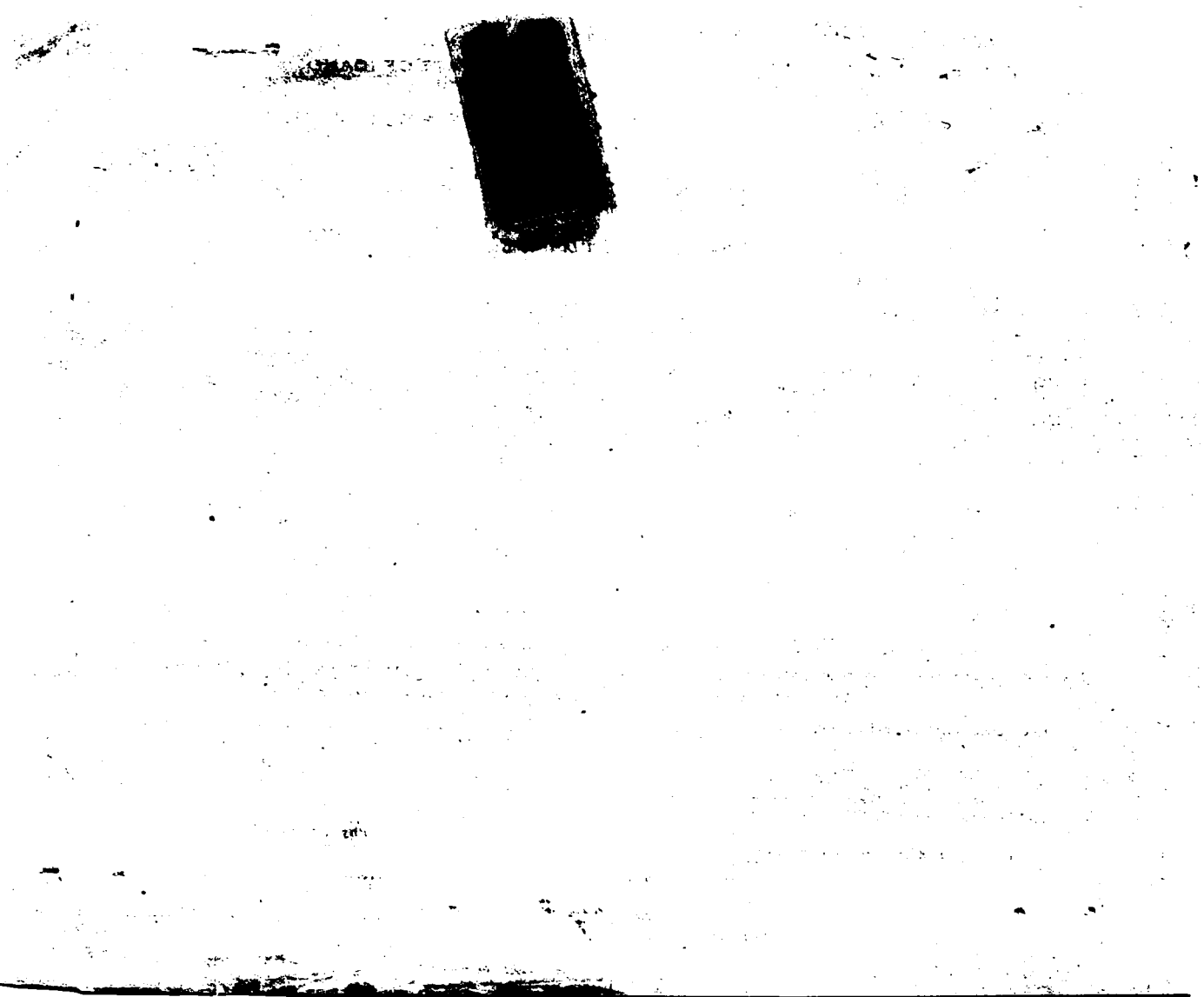
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 71005

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Franklin Wayne Griffiths
Father's name	Griffath	Griffiths

Subscribed and sworn to before me this 2nd day of March 1943.

Darlene Ambrose
Notary Public, residing at Boise, Ida.
My commission expires 5/14/47
(Seal)

Signed Alice Griffiths
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAR 2 1943

995-129-027-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

71006

CERTIFICATE OF BIRTH

Registration District No. 23 File No. .....

Primary Registration District No. 217-207 Registered No. .....

FULL NAME OF CHILD Robert Beck Fink

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth 2nd | Legitimate? Yes | Date of Birth February 29 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Howard Augustus Fink	FULL MAIDEN NAME Edith Ann Graham
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Penn.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 09 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas A. Zeller M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 12 1919 E. D. Pope Registrar

S-Y CO. 24656

8-19-41

MAY 28 1976

213-131-027-993

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71007**

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital Home

FULL NAME OF CHILD Gerald L. Batty

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1st (To be answered only in event of plural births)	Yes	July 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Georg Samuel Batty	FULL MAIDEN NAME	Mary Amanda Rice
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug 12 1919 E. D. Pfr
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1994

865-123-027-819

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71008**

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 017-2017 Registered No.

Hospital Home

FULL NAME OF CHILD Masao Hondo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2nd	Yes	July 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shoichi Hondo	FULL MAIDEN NAME	Make Harao
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 p.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Jerome, Idaho

19

Filed Aug 12 1919 E. D. Popp Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 19

855-211-027-268

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71009

Registration District No. 23 File No. .....

Primary Registration District No. 1417-2017 Registered No. .....

FULL NAME OF CHILD Orpha Eileen Henage

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			5th	Yes	July 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Thomas Henage	FULL MAIDEN NAME	Dora Ann Boyd
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Me	BIRTHPLACE	Arkansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Aug 2 1919 E. D. Pipe Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-13-41

296-112-027-755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Idaho

City of Jerome

No. ..... St.

Hospital Home

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71010

Primary Registration District No. 1972017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	July 12 1917

FATHER		MOTHER	
FULL NAME	D. Elmer Brown	FULL MAIDEN NAME	Muriel Lenge
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ill.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	New Foundland, Canada
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 1/2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed Aug 22 1917 E. D. Pyke
Registrar

S-Y CO. 24696

[redacted]

485-202
027-96-[redacted]

PLACE OF

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Registration District No. 23 File No. 71023

Primary Registration District No. 1017-2017 Registered No. _____

Hospital _____

FULL NAME OF CHILD Vieta Myers

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Aug 2 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter E Myers	FULL MAIDEN NAME	Laura Robertson
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyfer M. D.

(Physician or midwife)

Address Jerome

Filed Aug 6 1919 E. D. Pyfer

Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-124-004-993

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71026

County of Bear Lake name added 5/21/[illegible]

City of Liberty

Registration District No. 2132

File No.

No. ..... St.

Primary Registration District No. 53

Registered No.

Hospital

FULL NAME OF CHILD Wayne Rich Morgan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	X		X	yes	6 (Month) 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L Morgan.	FULL MAIDEN NAME	Ethel M Rich.
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37.	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Liberty	BIRTHPLACE	St Charles,
OCCUPATION	Farmer	OCCUPATION	House Wife,

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 25 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris

Filed 8/10/19 19..... R J Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-26-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 30 12 34 PM '80

State of _____ } ss.
County of _____ }

Certificate No. 71026
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Morgan (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 24, 1919 (Date of Event)

in Liberty (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Wayne Rich Morgan

Subscribed and sworn to before me this 17th day of April 1980

Notary Public, Aurelia Lagowski

Residing at Wilm. Medical Center

My commission expires April, 1981

(Seal)

Beulah Morgan Somers
Signature of Applicant

22 Marigold Drive, Newark, De. 19713
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptsm from the LDS Church gives nameas Wayne Rich Morgan son of John S. Morgan and Ethel Rich. born June 24. 919 art Liberty, Idaho. Baptized June 24, 1927. viewed by /vS

MAY 21 1980

Certif of Ordination to the Office of Deacon gives nameas Wayne R. Morgan son of John S. Morgan and Ethel Rich. born June 24, 1919 at Liberty, Idaho. Baptized June 24, 1927. ordaiened on July 5, 1931. viewed by V. S.

263-130-003-268

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71027

County of Bannock

City of McCammon

Registration District No. 84

File No. 50

No. ..... St.

Primary Registration District No. 2161

Registered No. 2418

Hospital .....

FULL NAME OF CHILD George McCammon Boledawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Boledawson	FULL MAIDEN NAME	Hazel Royle
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Regina Canada	BIRTHPLACE	Markham Ontario Canada
OCCUPATION	Office work	OCCUPATION	House wife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Boetzigsen
Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Idaho

Filed 7-31 1919 O Boteeg
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. *In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

name changes TO DAWSON

not

dup of 1919-433324

966-217-040-819

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

[redacted] OF ILLINOIS
VITAL STATISTICS

(Form V. S. No. 11—25m-6-18)

CERTIFICATE OF BIRTH

71028

Registration District No. 123

File No. 30

Primary Registration District No. 7701

Registered No. _____

Full Name of Child Evelyn Adele Rowley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	July 17 19

FATHER		MOTHER	
FULL NAME	John Rowley	FULL MAIDEN NAME	Margo E. Hartshorn
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Colo.
OCCUPATION	Painter	OCCUPATION	House Wife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 9

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Lesher

(Physician or ~~midwife~~)

Address Kellogg

Filed 8/1x 1919 Geo. S. Lesher

Registrar

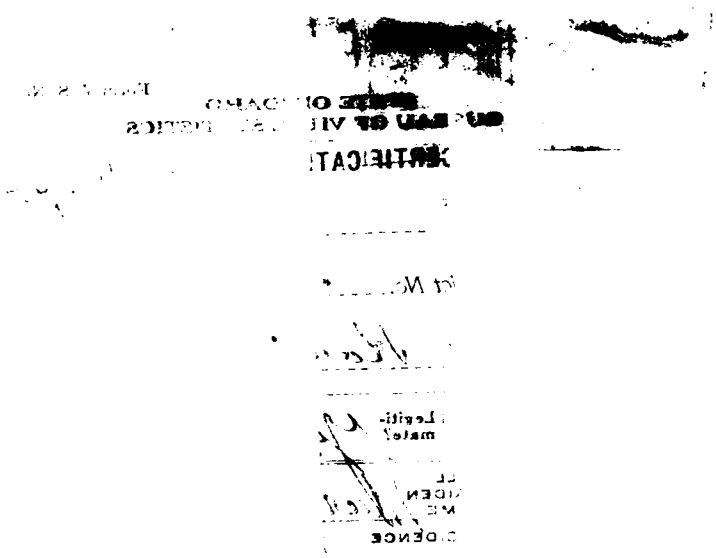
Given names added from a supplemental report.

..... 19.....

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD



386-117-027-866

[redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

County of Jerome

CERTIFICATE OF BIRTH

71029

City of Jerome

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017-2017

Registered No.

Hospital

FULL NAME OF CHILD Charlotte Jane Thorpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	June 17 1919

FATHER		MOTHER	
FULL NAME	Harry J Thorpe	FULL MAIDEN NAME	Cora Moreland
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Ohio
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. D. Pyfer M. D.

(Physician or midwife)

Address Jerome Idaho

Filed July 7 1919 E. D. Pyfer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

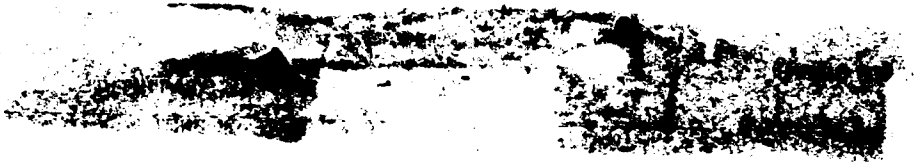
.....Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



APR 2 1973

dup of 1919-69382

+94

256-115-0-27-866

[redacted] IDAHO

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71030

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2012 Registered No.

Hospital

FULL NAME OF CHILD Walter Hugh Snodgrass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 15 1912

FATHER		MOTHER	
FULL NAME	Eugene M. Snodgrass	FULL MAIDEN NAME	Lena Howard
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pope M. D.

(Physician or midwife)

Address Jerome

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 6 1912 C. D. Pope

Registrar

5-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1981

363-107-018-753

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71031

County of Clearwater

City of Elk River

No. House St.

Registration District No. 91 File No.

Primary Registration District No. 2168 Registered No.

Hospital

FULL NAME OF CHILD John Rodnick Tockheck

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	—	Yes	Aug. 7 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Carl Frederick Tockheck	FULL MAIDEN NAME: Lillian Caroline Peterson
RESIDENCE: Elk River	RESIDENCE: Elk River, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Denver Colorado
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 30 P.M. on the date above stated.

(Signature) Dr. Robt. K. Walton

(Physician or midwife)

Address

Filed Aug. 14 1919 Robt. K. Walton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted]

SEP 11 1950

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

71032

County of Shoshone

City of Elk River

Registration District No. 91 File No.

No. St.

Primary Registration District No. 2168 Registered No.

Hospital On Ranch

FULL NAME OF CHILD Helena May Hambly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	and	Yes	June 18 1919

FATHER		MOTHER	
FULL NAME	Chas. Edward Hambly	FULL MAIDEN NAME	Inez Holton
RESIDENCE	Elk River Ida	RESIDENCE	Elk River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mt Vernon Wn.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Mrs. Chas. Hambly
(Physician or midwife)

Address Elk River, Idaho

Filed 8/14 1919 Robt R Walton
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1970

File No.

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

761-119-007-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21

No. ..... St.

Hospital

Primary Registration District No. 2022

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71035

File No. .....

Registered No. 23

FULL NAME OF CHILD Floyd Thomas Cooley Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Fifth	Yes	May 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Thomas Cooley	Eva Wrencher
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Ontario Canada	Idaho
OCCUPATION	Runs Cold Storage Plant	Housewife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 A. M. on the date above stated.

(Signature) G. H. Dutton

(Physician or midwife)

Address Hailey Idaho.

Filed Aug 8 1919 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

PLACE OF BIRTH

County of Blaine

City of Bellevue

659-213-007-433

No. _____ St.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—Rev. 6-9-15

CERTIFICATE OF BIRTH

Registration District No. 21

File No. 71036

Primary Registration District No. 2022

Registered No. 24

Hospital Kathleen Palm Merry

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female		first	yes	Apr 13 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Lester Joseph Merry	FULL MAIDEN NAME: Emma M. Evans
RESIDENCE: Bellevue	RESIDENCE: Bellevue
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Hutton

(Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report.

..... 19.....

Filed Aug 8 1919 Robert H. Wright

Registrar

..... Registrar

S-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

Form V.S. No. 11-C—20 1-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7036

PLACE OF BIRTH

County of Ada

City of Boise

COPY

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 71036

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Catholine Palm Werry (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1919, (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Policy Number 23080-E (Bible Record, Insurance Policy, Etc.) prepared on November 14, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Catholine Palm Werry	Kathleen Palm Werry

Subscribed and sworn to before me this sixth
day of January, 1944.

J. A. McQuillan
Notary Public, residing at Pocatello, Idaho

My commission expires June 20, 1944.
(Seal)

Signed Anna Selma Werry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

530 So. Johnson Ave.,
Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this sixth
day of January, 1944.

J. A. McQuillan
Notary Public, residing at Pocatello, Idaho

My commission expires June 20, 1944.
(Seal)

Signed Kate A. McQuillan
(Signature of Any Credible Person Other Than Previous Year)

416 So. Johnson Ave.,
Pocatello, Idaho.
(Street Address, City, State)

JAN 1 2 1944

NOV 1 2 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-125
PLACE OF BIRTH 907-652

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71037

County of Blaine

City of Bellevue

No. _____ St.

Hospital _____

Registration District No. 21

File No. _____

Primary Registration District No. 2022

Registered No. 25

FULL NAME OF CHILD Loren Chelsea Jacobson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			Second	Yes	April 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Arvid Jacobson	FULL MAIDEN NAME	Elsie Webber
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Pa.
OCCUPATION	Com. Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Dutton
(Physician or midwife)

Given names added from a supplemental report.

Loren Chelsie Jacobson 19 20

W. S. Murphy
Registrar

Address Hailey Idaho

Filed Aug 8 1919 Robert H. Wright
Registrar

S-Y-CO 38071

OCT 6 1943

Form V. S. No. 27B—5m-1-15 STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Bellevue

Street and House No.

County Blaine

Registered No. 25

Registration Dist. No. 21

Sex of Child Male

Date of Birth April 25 1917
MONTH DAY YEAR

Father Ernest G. Jacobson
FULL NAME

Mother Elsie Weber
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Lorren Chelsie Jacobson
GIVEN NAME IN FULL SURNAME

as reported by Ernest G. Jacobson
FATHER OR MOTHER

P. A. Wright
LOCAL REGISTRAR

296-201-0007-129

PLACE OF BIRTH

Form V. S. No. 1-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 71038

No. ..... St.

Primary Registration District No. 2025

Registered No. 26

Hospital .....

FULL NAME OF CHILD Agnes Mary Brockie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 1 1919

FATHER		MOTHER	
FULL NAME	David Brockie	FULL MAIDEN NAME	Agnes Akin
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician

(Physician or midwife)

Address Carey Ida

Given names added from a supplemental report.

Agnes Mary Brockie 19.20

W. C. Humphrey Registrar

Filed Jul. 14 1919

Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Registered No. 26

Registration Dist. No. 21

Place of Birth

City Carey

Street and House No. .....

County Blaine

Sex of Child Female

Date of Birth June 1 1919
(MONTH DAY YEAR)

Father David Brockie
(FULL NAME)

Mother Agnes Akin
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Agnes Mary Brockie
(GIVEN NAME IN FULL) (SURNAME)

as reported by David Brockie
(FATHER OR MOTHER)

R. A. Wright
(LOCAL REGISTRAR)

MAY 25 1942

849-112-007-437

PLACE OF BIRTH

Form

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 71039

No. ..... St.

Primary Registration District No. 2075

Registered No. 27

Hospital .....

FULL NAME OF CHILD ... Richard Dean Quincy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everette S. Quincy	Jessie F. McGregal
RESIDENCE	Carey	Carey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	32
BIRTHPLACE	Mo.	Miss.
OCCUPATION	Farmer	House wife.

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician

(Physician or midwife)

Given names added from a supplemental report.

Richard Dean Quincy 19 20

W. C. Murphy Registrar

Address Carey Idaho

Filed July 12 19 19 Robert A. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 211—Jan-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 27

Registration Dist. No. 21

Sex of Child Male

Date of Birth July 12 1917
MONTH DAY YEAR

Father Everett S. Quinney
FULL NAME

Mother Jessie H. McGreal
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Richard Lean Quinney
GIVEN NAME IN FULL SURNAME

as reported by E. S. Quinney
FATHER OR MOTHER

R. A. Wright
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Carey

No. 355-230-007-719 St.

Hospital

Registration District No. 21

Primary Registration District No. 2095

File No. 71043

Registered No. 30

FULL NAME OF CHILD LUIS CENARRUSA

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 30 (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Joseph ~~Cen~~ Cenarrusa	FULL MAIDEN NAME	Ramona Gardogui
RESIDENCE	Carey	RESIDENCE	Carey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

Luis Cenarrusa 1920

W. C. Murphy
Registrar

Address Carey Idaho

Filed Jul 11 1919 Robert H. Wright
Registrar

5-Y-CO 38071

Form V.S. No. H-C—Rev-5-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

05

NOT

DECEASED

dup of 1919-323551

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 30

Registration Dist. No. 21

Sex of Child Female

Date of Birth Jan (MONTH) 30 (DAY) 191 (YEAR)

Father Joseph Canarrusa (FULL NAME)

Mother Ramona Landaqui (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Luis Canarrusa (GIVEN NAME IN FULL) (SURNAME)

as reported by Joseph Canarrusa (FATHER OR MOTHER)

R. F. Wright (LOCAL REGISTRAR)

366-216-007-819

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71044

Registration District No. 21 File No. ____

Primary Registration District No. 2075 Registered No. 31

FULL NAME OF CHILD Beulah Vervene Loosli

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 16 1919

FATHER	MOTHER
FULL NAME Orvil Loosli	FULL MAIDEN NAME Llewellyn Harris
RESIDENCE Carey	RESIDENCE Carey
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Carey Ida.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

(Signature) Houston E. Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Filed Jul 11 1919 Robert H. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Beulah Vervene Loosli 19 20

W. C. Murphey

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1970

Form V. S. No. 27B—5m-1-43

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 31

Registration Dist. No. 21

Sex of Child Female

Date of Birth March 16 1919
MONTH DAY YEAR

Father Orvil Loosli
FULL NAME

Mother Llewellyn Harris
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Beulah Verene Loosli
GIVEN NAME IN FULL SURNAME

as reported by Mrs. Llewellyn Loosli
FATHER OR MOTHER

R. A. Wright
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 1-C—25m-9-6-16

County of Blaine

City of Carey

819-213-007-819

No. ____ St.

Registration District No. 21

File No. 71045

Primary Registration District No. 2075

Registered No. 321

Hospital ____

FULL NAME OF CHILD Norma Frances Harris

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		No	Apr. 13, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Not obtainable.	Florence E. Harris
RESIDENCE	—	Carey
COLOR	—	White
AGE AT LAST BIRTHDAY (Years)	—	24
BIRTHPLACE	—	Carey Idaho
OCCUPATION	—	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jun 11 1919 Robert H. Wright

Registrar

5-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

FEB 26 1961

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Blaine }

Certificate No. 7104.5

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Harris (female child) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 13, 1919 (Date of Event)
in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norma Frances Harris

Subscribed and sworn to before me this 23rd day of February, 19 62

Bessie Stanford

Notary Public, residing at Carey, Idaho

My commission expires November 21 - 1964

(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of February, 19 62

Bessie Stanford

Notary Public, residing at Carey, Idaho

My commission expires November 21 - 1964

(Seal)

Signed W. L. Adamson
(Signature of Any Credible Person)

Carey, Idaho
(Street Address, City, State)

FORM DH 60-155 L 2-20-62. nm

WOIC

CopyChurch Record issued by Frank M. Crowther, Richfield Ward Clerk, L.D.S.Church, Feb 28, 1962. Name given as Norma Francis Baird Patterson born April 13, 1919 Mother Florence Harris, Baptized April 30, 1927. viewed by V.S.

Transcript of Carey High School Credits issued Feb 28, 1926 gives name as Norma Baird, enrolled in school Sept 18, 1933. viewed by V.S.

Own child's birth certificate gives name as Norma Frances Bair d born at Carey, Idaho. File #322172, viewed by V.S. (on file Idaho).

MAR 28 1962

993-215-007-916

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71046

County of Blaine

City of Carey

Registration District No. 21 File No.

No. St.

Primary Registration District No. 2075 Registered No. 33

Hospital

FULL NAME OF CHILD Gladys Ada Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo H. Rice	Mary A. Rawson
RESIDENCE	Carey	Carey
COLOR	W Lite	white
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:07 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

Gladys Ada Rice 19 20

W.C. Murphy Registrar

Filed Jun 11 1919 Robert N. Wright Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 2?3—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 33

Registration Dist. No. 21

Sex of Child Female

Date of Birth April 15 1919
MONTH DAY YEAR

Father George W. Rice
FULL NAME

Mother Mary A. Rawson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Gladys Ada Rice
GIVEN NAME IN FULL SURNAME

as reported by W. F. Rawson.
FATHER OR MOTHER

Robert H. Wright
LOCAL REGISTRAR

APR 30 1957

869-124-002-255

Form U. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71047

Registration District No. 21 File No. ____

Primary Registration District No. 2025 Registered No. 34

FULL NAME OF CHILD William Lee York

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Lee York	Alace A. Bennett
RESIDENCE	Carey	Penn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Kansas	Penn
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a.m. on the date above stated.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Address Carey Idaho

Filed Jul 11 19 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO 38071

AUG 8 1942

SEP 10 1942

SEP 12 1942

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 35

Registration Dist. No. 21

Sex of Child Male

Date of Birth June 14 1919
(MONTH DAY YEAR)

Father Fred F. Harkins
(FULL NAME)

Mother Lilly Berry
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Sam Lavar Harkins
(GIVEN NAME IN FULL) (SURNAME)

as reported by Mrs. F. Harkins
(FATHER OR MOTHER)

Robert A. Wright.
(LOCAL REGISTRAR)

819-114-007-259

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71048

County of Blaine

City of Carey

Registration District No. 21

File No.

No. ____ St.

Primary Registration District No. 2075

Registered No. 35

Hospital

FULL NAME OF CHILD Sam Lavare Harkins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 14 1919

FATHER		MOTHER	
FULL NAME	Fred J. Harkins	FULL MAIDEN NAME	Lilly Berry
RESIDENCE	Carey Idaho	RESIDENCE	Carey "
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Calif.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:35 P M. on the date above stated.

(Signature) Houston E Lyman

Physician (Physician or midwife)

Address Carey Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Sam Lavar Harkins 19 20

W. C. Murphy Registrar

Filed Jul 11 19 19 Robert H. Wright Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 16 9 07 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 71048

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Harkins (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1919 (Date of Event)

in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sam Lavare Harkins

Subscribed and sworn to before me this 23 day of August, 1975

Berdina Peck

Notary Public, residing at Carey, Idaho

My commission expires 2-19-75

(Seal)

Signed Willie Inama

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carey, Idaho 83320

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Blaine

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of August, 1975

Berdina Peck

Notary Public, residing at Carey, Idaho

My commission expires 2-19-75

(Seal)

Signed Lawrence E. Smith

(Signature of Any Credible Person)

Carey, Idaho 83320

(Street Address, City, State)

FORM DN 60-158 CL 6/17/75 nm

Discharge from the U.S. Army gives name as Sam L. Harkins. dated Nov. 2, 1945. born June 14, 1919 at Carey, Idaho. viewed by V. S.

SEP 19 1975

Insurance policy from the Ohio National Life Ins. Co. gives name as Sam Lavare Harkins. dated Ja. 28, 1952. viewed by V. S.

789-221-007-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71050

Registration District No. 21

Primary Registration District No. 2075

File No. .....

Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. Earl Phippen	Edna I. Cook
RESIDENCE	Carey	Carey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician

(Physician or midwife)

Given names added from a supplemental report.

Maurine Phippen 1920

W. S. Murphy
Registrar

Address Carey Idaho

Filed Jul 11 1919 Robert H. Wright
Registrar

S-Y-CO 38071

Form V. S. No. 27R—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 37

Registration Dist. No. 21

Sex of Child Female

Date of Birth June 21 1919
(MONTH DAY YEAR)

Father M. Earl Phippen
(FULL NAME)

Mother Edna L. Cook
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Maurine Phippen
(GIVEN NAME IN FULL) (SURNAME)

as reported by Alonzo Cook
(FATHER OR MOTHER)

Robert A. Wright
(LOCAL REGISTRAR)

397-103-007-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2075

File No. 71051

Registered No. 38

FULL NAME OF CHILD David Charles Lyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	July 3rd 191.9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horace O Lyle	Bessie A. Steele
RESIDENCE	~~Carey~~ Gilmore Ida	Gilmore Ida
COLOR	W White	W White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Miner	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:40 A M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Lyle

Physician
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

David Charles Lyle 19....

W. C. Murphy
Registrar

Filed Jul 11 19 19 Robert H. Wright
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

71057

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 38

Registration Dist. No. 21

Sex of Child Male

Date of Birth July (MONTH) 3 (DAY) 1919 (YEAR)

Father Horace O. Like (FULL NAME)

Mother Bessie A. Steele (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

David Charles Like
(GIVEN NAME IN FULL) (SURNAME)

as reported by Mr. Horace Like
(FATHER OR MOTHER)

Robert A. Wright
(LOCAL REGISTRAR)

413-104-007-746

PLACE OF BIRTH

County of Blaine

City of Carey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71052

Registration District No. 21 File No. _____

Primary Registration District No. 2025 Registered No. 39

FULL NAME OF CHILD Carl G. Malcolm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 4 ? 1919

FATHER		MOTHER	
FULL NAME	Albert M. Malcolm	FULL MAIDEN NAME	Hanna Le Grotegut
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Address Carey Idaho

Filed June 11 1919 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Carl G. Malcolm 1920

W. C. Murphy Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 19, 1940. E.W.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 39

Registration Dist. No. 21

Sex of Child Male

Date of Birth July 4 1917
(MONTH DAY YEAR)

Father Albert M. Malcolm
(FULL NAME)

Mother Hanna A. Grotegut
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Carl G. Malcolm
(GIVEN NAME IN FULL) (SURNAME)

as reported by A. M. Malcolm
(FATHER OR MOTHER)

Robert H. Wright
(LOCAL REGISTRAR)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

71053

County of Blaine

City of Carey
815-207-087-386
No. ____ St.

Registration District No. 21

Primary Registration District No. 2075

File No. ____

Registered No. 40

Hospital ____

FULL NAME OF CHILD Verda Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 7 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M Hansen	Marvina P Thornton
RESIDENCE	Carey	~~Utah~~ Carey
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	42	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) on the date above stated. at 5:45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E Snyder
Physician
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.
Verda Hansen 19....
W C Murphy
Registrar

Filed Jul 11 1917 Robert A. Wright
Registrar

S-Y-CO 38071

K

JAN 17 1967

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS 71053

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 40

Registration Dist. No. 21

Sex of Child Female

Date of Birth July 7 1919
(MONTH DAY YEAR)

Father John W. Hansen
(FULL NAME)

Mother Marnna Thornton
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Verda Hansen
(GIVEN NAME IN FULL) (SURNAME)

as reported by J. W. Hanson
(FATHER OR MOTHER)

Robert H. Wright
(LOCAL REGISTRAR)

APR 2 3 1974

396-209-007-793

F... S. N. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Blaine

City of Crooks

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71054

Registration District No. 21 File No. .....

Primary Registration District No. 2075 Registered No. 41

FULL NAME OF CHILD AILEEN CROSS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ruben T Cross	FULL MAIDEN NAME	Rosa E Pitman
RESIDENCE	Crooks	RESIDENCE	Crooks
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Aileen Cross 1920

W. C. Murphy
Registrar

Address Carey Idaho

Filed Jul 11 1919 Robert H. Wright
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1967

DECEASED

Form V. S. ~~No. 1[illegible]~~ 5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Crooks

Street and House No.

County Blaine

Registered No. 41

Registration Dist. No. 21

Sex of Child Male

Date of Birth July (MONTH) 9 (DAY) 1919 (YEAR)

Father Ruben J. Crase (FULL NAME)

Mother Rosa E. Pitman (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Aileen (GIVEN NAME IN FULL) Crase (SURNAME)

as reported by Rosa E. Crase (FATHER OR MOTHER)

Robert H. Wright (LOCAL REGISTRAR)

693-22-2007-314

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-6-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Muldoon

Registration District No. 21

File No. 71055

No. ____ St.

Primary Registration District No. 2075

Registered No. 42

Hospital ____

FULL NAME OF CHILD Vina Wilkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 10 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack J. Wilkinson	Evelyn Campbell
RESIDENCE	Muldoon	Muldoon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	23
BIRTHPLACE	England	Wyoming
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Snyder

(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

Nina Wilkinson 19__

W. A. Murphy Registrar

Filed Jul 11 1917 Robert H. Wright Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1942
NOV 23 1942

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS 71055

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Muldoon

Street and House No.

County Blaine

Registered No. 42

Registration Dist. No. 21

Sex of Child Female

Date of Birth July 10 1919
(MONTH, DAY, YEAR)

Father Jack J. Wilkinson
(FULL NAME)

Mother Evelyn Campbell
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Nina Wilkinson
(GIVEN NAME IN FULL) (SURNAME)

as reported by J. J. Wilkinson
(FATHER OR MOTHER)

Robert H. Wright
(LOCAL REGISTRAR)

165-220-007-5-46

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **71056**

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 43

FULL NAME OF CHILD Lorraine Loree Jones

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. L. Jones	FULL MAIDEN NAME	Clara Edwards
RESIDENCE	Hailey, Ida.	RESIDENCE	Hailey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denver, Colo.	BIRTHPLACE	Payette, Ida.
OCCUPATION	Express Agt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Hailey, Ida.

Filed July 30 1919 Robert H. Wright

Registrar

FEB 12 1952

133-127-007-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—Rev-9-5-17

71057

Registration District No. 21

Primary Registration District No. 2022

File No. .....

Registered No. 44

FULL NAME OF CHILD Robert Albert Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 27 19

FATHER		MOTHER	
FULL NAME	George R. Allen	FULL MAIDEN NAME	Minnie Lee
RESIDENCE	Hailey, Ida.	RESIDENCE	Hailey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bellevue, Ida.	BIRTHPLACE	Bellevue, Ida.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Jul. 30 1917 Robert H. Wright

Registrar

493-229-044-963

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71059

[redacted] OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	July 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. R. Miller	FULL MAIDEN NAME	Irine Roland
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 35 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge Idaho

19

Registrar

Filed Aug 1 1919 C. E. Schmitz
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-218-044-415

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71060

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. ..... St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Marguerite Jane BARR

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F W		yes	July 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James E Barr	FULL MAIDEN NAME	Hannah M Davies
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Idaho
OCCUPATION	Supt Elevator Co	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed Aug 1 1919 C E Schmitz
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1976

AUG 25 1942

6/3/86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

JUN 3 1986

Certificate No. 71060
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Marguerite Jane (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 18, 1919 (Date of Event)
in Cambridge, Washington Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	Marguerite Jane	Marguerite Jane Barr

Subscribed and sworn to before me this 3rd day of
June, 1986.
Notary Public, Linda Heckman
Residing at Boise
My commission expires April 3, 1991
(Seal)

Margaret Jane Taylor
Signature of Applicant
320 Winther Blvd, Nampa, Idaho 83651
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JUN 3 1986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County [redacted]

City of [redacted]

No. 314-116-044-[illegible] St.

Registration District No. 2164 File No. 71061

Primary Registration District No. [illegible] Registered No.

Hospital Samuel Elegat Campbell

FULL NAME OF CHILD [illegible]

Sex of Child	Twin triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Campbell	FULL MAIDEN NAME	Lulu Whitehead
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2:35 A. P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. J. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge Idaho

19

Filed Aug 1 1919 C. E. Schmitz Registrar

Registrar

S-Y CO. 24656

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted]

City of Paris

653-113-004-613

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 21.3.2. File No. 71062

Primary Registration District No. 5.13. Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X			Yes.	6 13 1917

(To be answered only in event of plural birth)

FATHER

FULL NAME Quincy Walker

RESIDENCE Paris

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Oregon

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Elizabeth Wallentine

RESIDENCE Paris

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Paris

OCCUPATION House Wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Fulton M.D.

(Physician or midwife)

Address Paris

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-16-17 W. J. Fulton Registrar

[redacted]

345-213-004-445

PLACE OF BIRTH

County of Bear Lake

City of Paris Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

71063

Registration District No. 2132

File No. .....

Primary Registration District No. 53

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	X and Number in order of birth	Yes	6/13/19 (Month) (Day) (Year) 191

FATHER		MOTHER	
FULL NAME	Wilford L Tueller	FULL MAIDEN NAME	Viola Dunn.
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~Georgtown~~ Paris	BIRTHPLACE	~~Paris~~ Georgtown.
OCCUPATION	Soldier	OCCUPATION	House Wife.

Number of child of this mother, including present birth ....1.... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at 120 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Idaho

Filed 6/10 1919 R. J. Sutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-114-007-881

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Cabinet.

No. ..... St.

Hospital .....

Registration District No. 80

Primary Registration District No. 2157

File No. 71064

Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes	Aug. (Month) 14 (Day) 1919. (Year)

FATHER		MOTHER	
FULL NAME	Thomas. Edward. Dolan.	FULL MAIDEN NAME	Myrtle. Hyatt.
RESIDENCE	Cabinet Ida.	RESIDENCE	Cabinet. Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	N. Carolina.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn. (Born alive or stillborn) at 10-30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Salmon M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Clarks Fork, Ida.

Filed 8-23 1919 John Larson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AMENDED MARCH 9, 1955

PLACE OF BIRTH

715-13-042-453

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 71066

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD ELMER DEE PAVEY
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 31, 1919

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: N. J. Pavey	FULL MAIDEN NAME: Goldie Metcalf
RESIDENCE: Filer, Idaho	RESIDENCE: Filer, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

(Physician ~~or midwife~~)

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Aug. 31, 1919 A. A. Newberry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR — 4 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Madera } ss.

Certificate No. 71066

Date Filed Aug. 31, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Pavy (Name on Original Certificate) who was born (Was Born or Died) on August 31, 1919 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 31, 1919 (Give Date), are:

Bible record of birth also submitted.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	unnamed	Elmer Dee Pavey

Subscribed and sworn to before me this 25th day of February, 1955

Millard Campbell
Notary Public, residing at Madera, Calif.
My commission expires June 23, 1955
(Seal)

Signed Goldie Pavey.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Madera, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Madera } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1955

Millard Campbell
Notary Public, residing at Madera, Calif.
My commission expires June 23, 1955.
(Seal)

Signed Millard F. Pavey
(Signature of Any Credible Person)

315 W 2nd St - Madera, Calif
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71066

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 31 1919

FATHER		MOTHER	
FULL NAME	N J Pavy	FULL MAIDEN NAME	Goldie Metcalf
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Texas	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housfe

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Aug 31 1919 A A Newberry Registrar

Registrar

S-Y-CO 38071

362-105-042-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71067

County of Twin Falls

City of Filer — Registration District No. 38 — File No.

No. ____ St. — Primary Registration District No. 2086 — Registered No.

Hospital

FULL NAME OF CHILD Clarence Marshall Cobb

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 5 1918

FATHER		MOTHER	
FULL NAME	Clarence C. Cobb	FULL MAIDEN NAME	Emeline Frances Bemis
RESIDENCE	~~mass~~ Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	mass.	BIRTHPLACE	mass.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1:10 P. M. on the date above stated.

(Signature) Dr. A A Newberry

(Physician or midwife)

Address Filer Idaho

Filed Aug 13 19 19 — Dr. A A Newberry — Registrar

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____ — Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1951

JAN 9 1952

553-106-042-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71068

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD William Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Aug. 6 1919

	FATHER	MOTHER
FULL NAME	J. N. Nelson	FULL MAIDEN NAME Anna Jacks
RESIDENCE	Filer	RESIDENCE Filer
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Denmark Europe	BIRTHPLACE Kansas
OCCUPATION	Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... at 9:30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

(Signature) Dr A A Newberry

(Physician or midwife)

Address Filer Idg

Filed Aug 12 1919 Dr A A Newberry

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-116-042-367

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71069

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Perry Eldon Shank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 16 1918

FATHER		MOTHER	
FULL NAME	Harvey B. Shank	FULL MAIDEN NAME	Sadie S. Lapp
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth ~~1~~ third Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight Jr. M.D.

Filer Idaho.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed Aug 22 1918 Dr A A Newberry
Registrar

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 8 1945

MAY 2 5 1950

469-203-042-512

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71070

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD MARIAN Marion Francis Dwight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 3rd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Abbott Dwight	FULL MAIDEN NAME	Gertrude Nasatir
RESIDENCE	Filer, Ida.	RESIDENCE	Filer Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Russia
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Van Cott, M.D.

P. W. Dwight
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.

19

Registrar

Filed Aug 22 1919 Dr. A. A. Newberry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of LOS ANGELES } ss.

Certificate No. 71070

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MARIAN FRANCIS (Name on Original Certificate) who WAS BORN (Was Born or Died) on APRIL 3 - 1919 (Date of Event)
in FILER, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by PERSONAL KNOWLEDGE (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marian Francis	Marian Francis Dwight
Date	April 4th	April 3, 1919

Subscribed and sworn to before me this 29th day of April, 1943

Signed Gertrude Dwight
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 510-24th St. Santa Monica, Calif

My commission expires (Seal) MY COMMISSION EXPIRES JAN. 7, 1946

340-21st Place Santa Monica
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1943

Signed Harriette Dwight Harner
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Santa Monica, Calif.

My commission expires (Seal)

Notary Public in and for Los Angeles Co. Calif
My Commission Expires 12/16/1946

340. 21st Place, Santa Monica, Calif.
(Street Address, City, State)

JAN 26 1981

1943

993-103-042-962

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71071

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Virgil Glenn Richmond

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 9 1919

FATHER		MOTHER	
FULL NAME	Thomas William Richmond	FULL MAIDEN NAME	Amy Leone Robinson
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth third Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 p. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

Filer Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Aug 22 19 19 Dr. A. L. Neuberry Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1967

362-107-042-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71072

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 1086

Registered No.

Hospital

FULL NAME OF CHILD Francis Dwight Cobb.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	August 7 1919

FATHER		MOTHER	
FULL NAME	Ivan Bertram Cobb	FULL MAIDEN NAME	Neva Alma Seymore
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:20a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

Filer Idaho
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

.....
Registrar

Filed Aug 17 19 A A Newberry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-206-042-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. 71073

Primary Registration District No. V086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vera May Nicholson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 6 1917

FATHER		MOTHER	
FULL NAME	Loyd Vernon Nicholson	FULL MAIDEN NAME	Ruth Harriett Beesley
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Frank A. Dwight M.D.
(Physician or midwife)

Address Filer, Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Aug 12 19 19 A A Newberry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-230-042-713

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. 71074

Registered No. .....

FULL NAME OF CHILD Anna Geraldine Conner.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee F. Conner.	FULL MAIDEN NAME	Mamie May Pate
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Filer Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Frank A Dwight M D

Filed Aug 17 1919 A A Neeberry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-120-004-331

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

[redacted]F IDAHO
BU[redacted]TAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake.

City of St Charles

Registration District No. 55

File No. 71075

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vern Alan Hunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	7 (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Taylor Hunt	FULL MAIDEN NAME	Natalie Clark.
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	U	COLOR	W.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salt Lake city	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Sutton

Mid (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 8/10 1919 John Matson. Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF VA

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 71075

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (Vern Alan) Hunt (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on ~~10/7/24~~ 7/20/19 (DATE OF EVENT)
in St. Charles, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Vern Alan Hunt

Subscribed and sworn to before me this 14th
day of May, 19 42

Eric L Osterberg
Notary Public, residing at Coeur d'Alene
My commission expires March 5, 1944
(SEAL)

Signed Florence Natalie Clark
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Coeur d'Alene Idaho 9th & Maple
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By
(REGISTRAR'S SIGNATURE)

236-216-004-363

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven Registration District No. 55 File No. 71076

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Beth Anna Stock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	yes.	7 16 1919

FATHER		MOTHER	
FULL NAME	Joseph. Stock	FULL MAIDEN NAME	Annie. Cottle.
RESIDENCE	Fish Haven -	RESIDENCE	Fish Haven
COLOR	White.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Fish Haven	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 20 A. M. on the date above stated.

(Signature) O. A. Cutler M.D.

(Physician or midwife)

Address Paris Ida

Filed 8/10/19 19 Gordon Mathews Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1944

157-209-019-395

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71077

Registration District No. 76 File No. 19

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Lois Caryol Jepson

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth July (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	P J Jepson	FULL MAIDEN NAME	Grace Tingle
RESIDENCE	Leslie Sda.	RESIDENCE	Leslie Sda.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay, Ida

Filed 7/21 1919 Rose Nowalski

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 2 1971
Bureau of Vital Statistics

State of Oregon
County of Multnomah } ss.

Certificate No. 71077

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jepson (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1919 (Date of Event)
in Leslie, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Caryol Jepson

Subscribed and sworn to before me this 3rd day of June, 1968

Notary Public, residing at Gresham, Ore.

My commission expires .....
(Seal) My Commission Expires Sept. 11, 1970

Signed Ruth M. Rounsefell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3-5-64. nm

Family Record gives name of child as Lois Caryol born Jly 9, 1919 in Leslie, Idaho. Father J. P. Jepson and Mother Grace M. Jepson. Record obviously old. Viewed by V.S.

Public School Diploma issued by Custer County certifies that Lois Jepson of Dist. 7, Custer County graduated May 18, 1934 in Challis. Grace Hess, Supt. Viewed by V.S.

APR 8 1971

432-209-019-319

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71081

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. .....

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Marjorie McKelvey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		One	Yes	June 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John McKelvey	FULL MAIDEN NAME	Ardella Larter
RESIDENCE	Mackay Idaho	RESIDENCE	Mackay Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. H. Farrell

(Physician or midwife)

Address Mackay Idaho

Filed 8/1 1919 Rose Nowacki Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1944

612-118-019-219

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer.

City of Leslie.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71082

Registration District No. 76 File No. 23

Primary Registration District No. 2133 Registered No. .....

FULL NAME OF CHILD Howard Merrill Wasson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	June. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie E Wasson	FULL MAIDEN NAME	Loenza Barnett.
RESIDENCE	Leslie Ida.	RESIDENCE	Leslie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed 7/31 1919 Rose Nowacki

Registrar

Registrar

S-Y CO. 24656

442-126
001-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Kuna Ida Registration District No. ..... File No. 71084

No. ..... St. Primary Registration District No. ..... Registered No. 32

Hospital .....

FULL NAME OF CHILD Stillborn Lived 2 hours

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas Roy Musselman	FULL MAIDEN NAME	Emma Webb
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Furn dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 14 1919

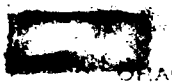
H. Busse
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



453-205-014-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FORM V. S. No. [illegible] 25m-9-8

County of Canyon

City of Bowmont

Registration District No. .....

File No. 71085

No. ..... St.

Primary Registration District No. .....

Registered No. 34

Hospital .....

FULL NAME OF CHILD Barbara Lee Metzger

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred J. Metzger	FULL MAIDEN NAME	Irma Lee Stewart
RESIDENCE	Bowmont Ida	RESIDENCE	Bowmont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Pawnee City Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fines M.D.

Phys (Physician or midwife)

Given names added from a supplemental report.

Address .....

..... 19 .....

Filed Aug 14 1919 H. Russe Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—
STATE OF IDAHO
BUREAU OF
CERTIFICATE
JAN 23 1942
JAN 19 1945
MAR 20 1975

419-206-001-993

PLACE OF BIRTH

County of Ada

City of Kuna Ida

No. ..... St.

Amended 8/8/79

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

71086

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 35

FULL NAME OF CHILD ..... Jessie Margaret Marmolejo

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 6 1979

	FATHER	MOTHER
FULL NAME	Jerome Manuel Marmolejo	Mattie Laura Richey
RESIDENCE	Brunzell Ida	Brunzell Ida
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Pennsylvania	Pennsylvania
OCCUPATION	Stonecutter Farmer	Housewife

Number of child of this mother, including present birth ..... 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Marion L. Smith M.D.

(Physician or midwife)

Address .....

Filed Aug 14 1979

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 8 1 48 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 71086
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Marmolijo (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 6, 1919 (Date of Event)
in Kunda, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Jessie Margaret Marmolejo

Subscribed and sworn to before me this 15th day of July, 1979.
Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Jessie M. Dubble
Signature of Applicant
11554 Alejandro St. Boise Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office - correction corresp. 7-25-79

Child's birth certificate issued by State of Idaho 9/20/38 #272370 lists the name of the mother as Jessie Margaret Marmoleje. viewed by V.S.

AUG 5 1979

Marriage license issued by the State of Idaho 9/9/57 lists the name of the bride as Jessie M. Slaathaug (nee Jessie M. Marmolejo) viewed by V.S.

PLACE OF BIRTH

Form V. S. No. 11-O—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

593-125-001-719 No. ..... St.

Registration District No. .....

File No. 71087

Primary Registration District No. .....

Registered No. 36

Hospital .....

FULL NAME OF CHILD Antonio David Vitley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 25 1919

FATHER

FULL NAME James Vitley

RESIDENCE Kuna Ada

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Italy

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Bessie Pearl Garlic

RESIDENCE Kuna Ada

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 14 1919

H. Busse

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-201-014-295-

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71088

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 37

FULL NAME OF CHILD Katherine Jene Snider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. C Snider	FULL MAIDEN NAME	Jessie Kincaid
RESIDENCE	Melba Ida	RESIDENCE	Melba Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Grenada Miss
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 14 1919

H. Bee

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1953

253-105-001-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71089

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. .....

File No. 1

Primary Registration District No. .....

Registered No. 36

FULL NAME OF CHILD DALE DORWIN Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Silas Delbert Bell	FULL MAIDEN NAME	Bertha Inez Thompson
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Everton Mo	BIRTHPLACE	Everton Mo
OCCUPATION	Draying	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Lynk MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 14 1919

H. Buss

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

12-15-41

SEP 2 7 1970

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? 4 3/4 y
3. **RESIDENCE OF FATHER** (city, state)

FULL NAME OF CHILD Dale Dorwin Bell
5. Date of Birth of Child (Month, day, year) 7-5-1919
Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy Nine
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Silas Delbert Bell
Color or Race White
12. Age at time of THIS birth 34 yrs.
Birthplace Everton (City or town) Missouri (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Inez Thompse
17. Color or Race White
18. Age at time of THIS birth 31 y
19. Birthplace Fountain (City or town) Colorado (State or foreign country)
20. Exact Occupation Farmer's House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the d
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who
related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

ate of Idaho
unty of Ada } ss.

AFFIDAVIT to be completed when the attendant does not s in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appe
Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and t
Dr (First name) Fink (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state t
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded un
apter 139, 1937 Session Laws.

S D Bell Signat
P. O. Addr

Subscribed and sworn to before me this 15th day of December, 1941
tee of Peace (SEAL) P. S. Pride Notary Public, residing at Kuna Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on by , Regist
K

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-[illegible]-001-386

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71090

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 39

FULL NAME OF CHILD Florence Aleen Riley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. A. Riley	FULL MAIDEN NAME	Minnie O. Thorpe
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas City Mo	BIRTHPLACE	Everton Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 14 1919

H. Russ

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

1519-203-001-743

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71091

County of Ada

City of Kuna

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. 4

Hospital .....

FULL NAME OF CHILD Mildred LOUISE Jerome

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 3rd 1919

FATHER		MOTHER	
FULL NAME	Saml N. Jerome	FULL MAIDEN NAME	Lula Blanche Putman
RESIDENCE	Kuna	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Everton Mo	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 14th 1919 H Busse Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 71091

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mildred Jerome	Mildred Louise Jerome

Subscribed and sworn to before me this 10 day of May, 1946.

Notary Public, residing at Boise

My commission expires 4/4/47
(Seal)

Signed Lula Blanche Jerome
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kuna, Rt. 1, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 1 1 1944

845-205-001-331

PLACE OF BIRTH

Form V. S. No. 11-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71092

County of Ada

City of Kuna

Registration District No. .....

File No. 1

No. ..... St.

Primary Registration District No. .....

Registered No. 40

Hospital .....

FULL NAME OF CHILD Lola Louise Hunt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sam'l Wm Hunt	FULL MAIDEN NAME	Cora Maud Clark
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fine M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 4 1919 H Busse

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1960
JUL 19 1966
JUN 20 1972

239-208-001-146

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-5-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 71093

Primary Registration District No. .....

Registered No. 41

FULL NAME OF CHILD Mary Ellen Scrivner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 8 1917

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Wm Troy Scrivner	Alice Elvira Scrivner
RESIDENCE	Kuna Ada	Kuna Ada
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Rich Hill Mo	Everton Mo
OCCUPATION	Garage Mechanic	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Funk MD

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 14 1917

H. Busse Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-113
042-365
PLA[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71094

County of Twin Falls

City of Burley

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 13 1919

FATHER		MOTHER	
FULL NAME	R. Stanley Johnson	FULL MAIDEN NAME	Elizabeth Lafayette Longmire
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn, at B.A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Jennings M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Dec 1 1919 J. W. Murphy Registrar

E OF BIRTH

263-201-047-219

named added 6/6/80

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71095

County of Twin Falls

City of Buhl, Idaho

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Virginia Ann Koch

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7-1-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Koch	FULL MAIDEN NAME	Lena Bartcher
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Salmon, S. D.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 P.M. on the date above stated.

(Signature) A. F. McClurg

Phys (Physician or midwife)

Address Buhl Idaho

Filed Aug 1 1919 J. F. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 28 9 34 AM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71095

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Koch (female) (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1919 (Date of Event) in Buhl, Idaho (Twin Fa.) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Virginia Ann Koch

Subscribed and sworn to before me this 17 day of May, 1980

[signature]

Notary Public, residing at Salem, So. Dak.

My commission expires 9-29-81

(Seal)

Signed Virginia Ann Herbst

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salem, So. Dakota

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

8/29/74

Marriage license and Certif from South Dakota gives name of groom as Edward Herbst and Virginia Annee Koch. dated June 7, 1939. vieewed by V. S.

Unemployment Compensation Card from South Dakota gives name as Virgene A. Koch Herbst dated 3-20-40. born 7-1-1919. SS No. 503 05-3283. vieewe dy V. S.

Insurance policy from The Farmer's Mutual Assessment Fire & Lightning Insurance Co. gives nameas Ed and Virginia Herbst. dated May 19, 1966. No. 20425. viewed by V. S.

845-902-042-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71096

County of Twin Falls.

City of Buhl, Idg.

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD RALPH HOUGH HUNT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	7 - 2 - 1919

FATHER		MOTHER	
FULL NAME	J. P. Hunt	FULL MAIDEN NAME	Katharine Hough
RESIDENCE	Buhl, Idg	RESIDENCE	Buhl, Idg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Tenn.	BIRTHPLACE	New Jersey
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Buhl Idaho

Filed Aug 1 1919 J. H. Murphy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of Idaho }
County of Twin Falls } ss.

Certificate No. 71096

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ralph Hough Hunt (Name on Original Certificate) who Born (Was Born or Died) on 2nd day of July 1918 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ralph Hough Hunt

Subscribed and sworn to before me this 6
day of June, 1942

Walter C. Musgrave
Notary Public, residing at

My commission expires Clerk of Co. Commissioners
(Seal) By Lora Roark Deputy

Signed John P. Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 1 Buhl Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of June, 19 42.

Walter C. Musgrave
Notary Public, residing at

My commission expires Clerk of Co. Commissioners
(Seal) By Lora Roark Deputy

Signed Ruby Heinbergen
(Signature of Any Credible Person Other Than Previous Year)

Jane No Twin Falls Ida
(Street Address, City, State)

JUN 8 1942

OCT 7 1971

MAY 8 1968

JUN 1 0 1942

794-103-042-27

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 71097

Registered No. .....

FULL NAME OF CHILD Grubb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	July 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. E. Grubb	Jessie Sparks
RESIDENCE	Buhl	Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-5 1919 J. N. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1969

236-106-042-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71098

County of Twin Falls

City of Buhl, Ida

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD FOREST LESTER Forrest Scovel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	7-6-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. L. Scovel	FULL MAIDEN NAME	Flory Rachel Park
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Thielluchy

Phys
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida

19

Filed Aug 1 1919 J. H. Murphy
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 71098

SEP 14

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Forrest Scovel (Name on Original Certificate) who was born (Was Born or Died) on July 6th, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by certificate of birth (Bible Record, Insurance Policy, Etc.) prepared on August 1, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Forrest Scovel	Forest Lester Scovel
mother's name	Floy Lark	Floy Rachel Lark
	4th	

Subscribed and sworn to before me this 4th day of September, 1942.

Notary Public, residing at Gooding, Idaho,

My commission expires 1943
(Seal)

Signed R. L. Scovel (father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD#1, Gooding, Idaho
(Street Address, City, State)

RFD #1, Gooding, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September, 1942.

Notary Public, residing at Gooding, Idaho

My commission expires 1943
(Seal)

Signed Floy Rachel Lark mother
(Signature of Any Credible Person Other Than Previous Year)
Floy Rachel Lark Scovel

RFD#1, Gooding, Idaho
(Street Address, City, State)

SEP 15 1942

261-108-042-146

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

No. _____ *St.*

Hospital _____

Registration District No. 39

Primary Registration District No. 2087

File No. 71099

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7-8-1919

FATHER		MOTHER	
FULL NAME	C. J. Swanson	FULL MAIDEN NAME	Edith Amos
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

(Signature) A. Fric Clarke

Mgr (Physician or midwife)

Address Buhl Ida

Filed Aug 1 1919 J. T. Murphy *Registrar*

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-108-042-415

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls.

City of Buhl. Idaho

No. McCullum add. St.

Hospital

Registration District No. 39

Primary Registration District No. 2087

File No. 71100

Registered No.

FULL NAME OF CHILD Baby McNabb

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	———	Single	Yes	July 8 1919

FATHER		MOTHER	
FULL NAME	John D McNabb.	FULL MAIDEN NAME	Zan Davis
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Ditch rider	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

(Signature) F. A. Irmen.

Physician (Physician or midwife)

Address Buhl Idaho

Filed 7-20 1919 J. T. Worley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1950

MARGIN RESERVED FOR BINDING

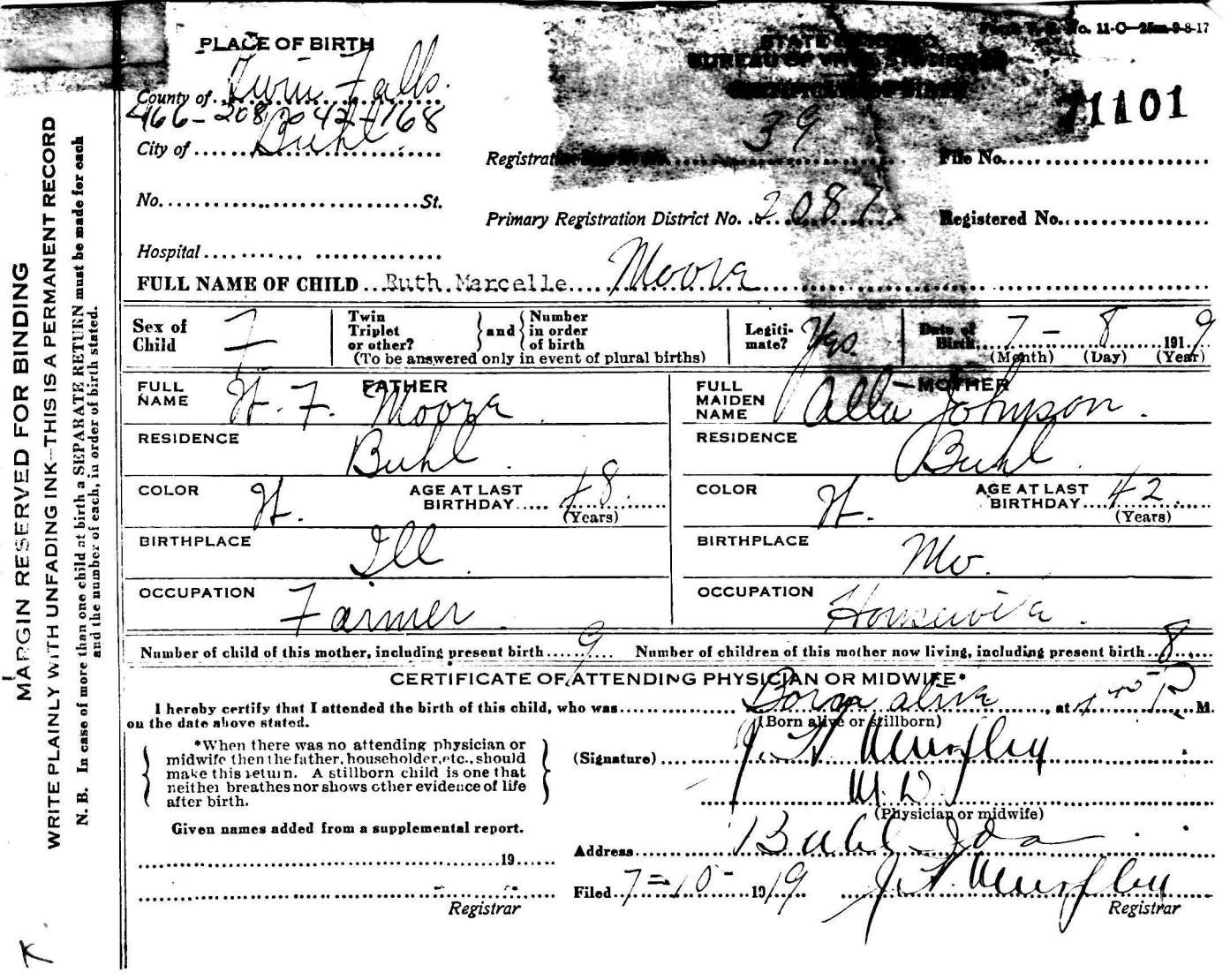
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form T. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71101



PLACE OF BIRTH

County of Twin Falls
466-208 042-168

City of Buhl

No. ..... St.

Hospital .....

Registration [illegible] 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Ruth Marcelle Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 - 8 1919

FATHER		MOTHER	
FULL NAME	W. F. Moore	FULL MAIDEN NAME	Alla Johnson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Murphy M.D. (Physician or midwife)

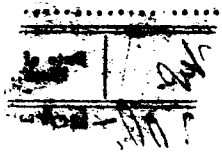
Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 7-10-1919 J. A. Murphy Registrar

..... Registrar



DECEASED

School Diploma from Lynwood Academy, Lynwood, Calif., dated May 29,1939, shows name as Ruth Marcelle Moore, viewed by V.S. Own child's birth cert. #50-15127, shows name as Ruth Marcelle Moore, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Sacramento }

Certificate No. 71101

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Moore (Name on Original Certificate) who born (Was Born or Died) on 7-8-1919 (Date of Event) in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Ruth Marcelle Moore

Subscribed and sworn to before me this 5th day of November, 1957

Eva R. Leineke
Notary Public, residing at Sacramento County
My commission expires Aug. 10, 1959
(Seal)

Signed Mrs Alta C Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7533 Ramona Lane
Citrus Heights, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of November, 1957

Eva R. Leineke
Notary Public, residing at Sacramento County
My commission expires Aug. 10, 1959
(Seal)

Signed Roberta L. Craig
(Signature of Any Credible Person)
7530 Ramona Lane
Citrus Heights, Calif.
(Street Address, City, State)

FORM DPH 55-155

AUG 18 1958

381-110-042-653

Form V. S. No. 11-C—28m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71103

County of Twin Falls.

City of Buhl

Registration District No. 39

File No.

No. ..... St.

Primary Registration District No. 2087

Registered No.

Hospital Buhl Gen. Hamilton

FULL NAME OF CHILD Harold Charlton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 - 10 - 1919

FATHER		MOTHER	
FULL NAME	D. F. Charlton	FULL MAIDEN NAME	Vernie Watenkamp
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

..... 19.....

Filed 7-12-1919 J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1976

515-110-042-359 name added 9-6-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 71104

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Wesley ~~Russ~~ell VanZante

Sex of Child: M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) - 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. Van Zante	FULL MAIDEN NAME	Clara Terpstra
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 55 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Buhl Ida

Filed 7-12 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

4.00/mo

State of _____ } ss.
County of _____

AUG 30 10 23 AM '84

Certificate No. 71104
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Van Zante (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 10, 1919 (Date of Event)

in Buhl (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Wesley Russell VanZante

Subscribed and sworn to before me this 8-7-'84 day of 8-7-, 1984

Notary Public, Linda Wheeler
Residing at Buhl, Id
My commission expires 10-3-87
(Seal)

✓ Wesley R. VanZante
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of 9 mo, 1984

Notary Public, Linda Wheeler
Residing at Buhl, Id
My commission expires 10-3-87
(Seal)

Herman J. VanZante
Supporting Signature

Rt. 4 Buhl Id.
Street Address, City, State

brother in office 7-15-83

2cc

Selective Service System Certificate of Fitness lists name as Wesley Russell VanZante. Dated Jan 4, 1945. Viewed by V.S.

SEP 6 1984

Primary Grade Card from Twin Falls lists student as Wesley Russell Vanzante first grade class. Viewed by V.S.

314-119-042-289

PLACE OF BIRTH

STAT[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71106

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Charles William Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marsdon Loran Campbell	FULL MAIDEN NAME	Marie Laura Shriver
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	..... (Years)
BIRTHPLACE	Hall Co. Nebraska	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Capitola Peet

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

..... Registrar

Filed 7-22 1919

J. H. Kinsley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-118'042-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C—[illegible]-8-17

County of Twin Falls

City of Castleford

Registration District No. 39

File No. 71107

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital Home

FULL NAME OF CHILD Robert Paul Sinclair

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	single	2	yes	July 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Wm Sinclair	FULL MAIDEN NAME	Hulda E. Adler
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Caney Kansas	BIRTHPLACE	Erlanger Kentucky
OCCUPATION	Transfer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 7-25 1919 J. H. Dunofley

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-223-042-15[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 39

Primary Registration District No. 2087

File No. 71108

Registered No. .....

FULL NAME OF CHILD Mildred Mason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	July 23 191 9

FATHER

FULL NAME Elmer Lloyd Mason

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Greenwood, Colo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vera Leona Anderson

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Smithshire, Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George E. Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Buhl, Ida

Filed Aug 4 19 19 J. H. Murphy

Registrar

NOV 18 1942

MAY 12 1970

816-231-024-386

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Tobacco

City of Wendell

Registration District No. 39

File No. 71110

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Elizabeth Hawthorn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 31 1919

FATHER		MOTHER	
FULL NAME	O. H. Hawthorn	FULL MAIDEN NAME	Ella Thompson
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 7-31 1919 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-15 [redacted] 893

PLACE [redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71111

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Peter James Boyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 31 1919

FATHER		MOTHER	
FULL NAME	J. J. Boyd	FULL MAIDEN NAME	Mary Hicks
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Ky
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

19

Registrar

Filed 7-31 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

OCT 7 1987

12/10/40 L. B.
4/14/41 L. B.

4/15/41 L.B.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 969-2131-042-619

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

added name
amend last
name 12-17-85 dl

County of Twin Falls

City of Buhl, Idg.

Registration District No. 39

File No. 71112

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leona Mildred Rogers

Sex of Child F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7-31-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. P. Rodgers Rogers	FULL MAIDEN NAME	May Warren
RESIDENCE	Buhl, Idg.	RESIDENCE	Buhl, Idg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Gold Hill - Nev.	BIRTHPLACE	Terrace, Utah
OCCUPATION	R. R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Aug 1 1919 J. H. Murphy Registrar

JAN 16 1967

11-29-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 16 12 14 PM '85

State of Idaho
County of Twin Falls } ss.

Certificate No. 71112
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rodgers (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 31, 1919 (Date of Event)

in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Rodgers	Leona Mildred Rogers
fathers last name	Rodgers	Rogers

Subscribed and sworn to before me this 10th day of December, 1985

Notary Public, J. Hamilton

Residing at Buhl, Idaho

My commission expires Lifetime

(Seal)

x Leona Mildred Rogers
Signature of Applicant

x R#3 Buhl Idaho
By Marriage Street Address, City, State

Leona Mildred Richmond

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 1985

Notary Public, J. Hamilton

Residing at Buhl, Idaho

My commission expires Lifetime

(Seal)

Beatrice Johnson
Supporting Signature

609 8th N Buhl Idaho.
Street Address, City, State

1 cc pd

Baptism record for John Painter Rogers born April 28, 1878 was baptised in First Christian Church in Buhl, Idaho on Jan 12, 1958. Viewed by V.S.

DEC 17 19

Selective Service Registration lists John Painter Rogers of Buhl, Idaho was registered on April 27, 19??. Viewed by V.S. Obviously old record.

Marriage License lists Virgil Glenn Richmond and leona Mildred Rogers were married in California on March 21, 1938. Viewed by V.S.

Baptim record for Leona Mildred Rogers was baptised in First Presbyterian Church on April 8, 1928. Viewed by V.S.

259-219-040-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10

File No. 71117

Primary Registration District No. 10 11

Registered No. 39

FULL NAME OF CHILD Helen Louise Berg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	2 19 1919

FATHER		MOTHER	
FULL NAME	J. Edward Berg	FULL MAIDEN NAME	Marian Hanscom
RESIDENCE	Wallace, Idaho 22 (River St)	RESIDENCE	Wallace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ishpeming, Michigan	BIRTHPLACE	Marshland, Pennsylvania
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:27 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2/25 1919

J. N. Bean
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1952

SEP 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-225-240-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71118

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 70

File No. .....

Registered No. 40

FULL NAME OF CHILD Virginia Helen Bohn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	January (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Bohn	FULL MAIDEN NAME	Gladys Boy Yarbrough
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~27~~ 26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kellogg, Idaho
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bernard E. Hanson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 2/5 1919

J. R. Brown
Registrar

S-Y CO. 24655

JUL 28 1972

555-117-040-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71119

Registration District No. 10 File No. .....

Primary Registration District No. 107 Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Martin Ellis Everett	FULL MAIDEN NAME	Eleanor Beatrice Johnson
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:08 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7/20 1919 J. R. Bean Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234413 040-458

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71120

Registration District No. 70

File No. .....

Primary Registration District No. 10 11

Registered No. 42

FULL NAME OF CHILD Albert Mayne Stringer Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Mayne Stringer	FULL MAIDEN NAME	Emma Johanna Meyer
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Park City, Utah	BIRTHPLACE	Norway
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-18 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 3/20 1919

J. R. Bean
Registrar

S-Y CO. 24655

JUN 24 1985

JUN 24 1985

Form V. S. No. 11-C—25m-9-17

PLACE OF BIRTH
993-110-40-365
County of Shoshone

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71132

City of Mullan — Registration District No. 70 — File No.

No. ..... St. — Primary Registration District No. 10 11 — Registered No. 54

Hospital

FULL NAME OF CHILD. Walker Woodrow Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	January 10 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walker Richardson	Ada E. Conrad
RESIDENCE	Mullan	Mullan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Oregon	Iowa
OCCUPATION	Miner	H W 6

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean MD (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/12 19 17

J M Bean Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

843-S114-040-859

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 71133

Primary Registration District No. 10 Registered No. 55

FULL NAME OF CHILD Maurice Wayne Hutchinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur L Hutchinson	FULL MAIDEN NAME	Bessie Herr
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Mine	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1/15 1919

J R Bean Registrar

7-11-41

7|18|41

Form V. S. No. 11-C—25m-8-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

513-104-040-719

County of Shoshone

City of Mullan

No. ..... St.

Hospital Robert

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 71134

Primary Registration District No. 1011

Registered No. 56

FULL NAME OF CHILD John Valiquette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feby 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J Valiquette	FULL MAIDEN NAME	Angela Parent
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Millman	OCCUPATION	HW

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2/5 1919

J R Bean
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

249-218-040-165

County of Lake Stone

City of Wallace

No. ..... St.

Hospital Providence

FULL NAME OF CHILD ~~Claire Phillips~~ MICHELLE CLAIRE Smith

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 70

Primary Registration District No. 1011

File No. 71135

Registered No. 57

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3/18 1919

FATHER		MOTHER	
FULL NAME	Chalmer Earl Smith	FULL MAIDEN NAME	Claire Jones
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	Colorado
OCCUPATION	Millman	OCCUPATION	Tacco

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3/19 1919

J R Bean Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 71135
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Clair M. Philbin Smith	Michelle Claire Smith
Michelle Claire Smith		

Subscribed and sworn to before me this 1st day of Feb, 1943
Elizabeth E. Ward
Notary Public, residing at Wallace
My commission expires 1945
(Seal)

Signed John A Beer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of Feb 1943
Elizabeth E Ward
Notary Public, residing at Wallace
My commission expires 1945.
(Seal)

Signed John A Beer Local Registrar
(Signature of Any Credible Person Other Than Previous Year)
Wallace District 140.
(Street Address, City, State)

FEB 28 1967

FEB 6 1943

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

125-1225-040-154

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 71136

Primary Registration District No. 10 11 Registered No. 58

FULL NAME OF CHILD Mary Lee Akers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3/25 1919

FATHER		MOTHER	
FULL NAME	Wm A Akers	FULL MAIDEN NAME	Martha Anderson
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 20 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 3/26 1919

J R Bean
Registrar

PLACE OF BIRTH Amended Sept. 4, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

860-206-040-212

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 70 File No. 71137

Primary Registration District No. 1011 Registered No. 59

FULL NAME OF CHILD BEVERLY JANE HOWELLS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			YES	APR. 6 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Allen George Howells	FULL MAIDEN NAME: Grace Marie Baker
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Michigan
OCCUPATION: Miner	OCCUPATION: HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R. Bean

MD
(Physician or midwife)

Address .....

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed 4/7 1919 J.R.Bean
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Mateo } ss.

Certificate No. 71137

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ada Francis Howells. (Name on Original Certificate) who Born (Was Born or Died) on April 6th 1919 (Date of Event) in Mullan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Ada Francis Howells	Beverly Jane Howells

Subscribed and sworn to before me this 30th day of August, 1951

Elsie Sacht

Notary Public, residing at Redwood City, Calif

My commission expires Oct. 31, 1954

(Seal)

Signed Mrs. Grace M. Howells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

157 Elwood St Redwood City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Mateo } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 1951

Elsie Sacht

Notary Public, residing at Redwood City, Calif

My commission expires Oct. 31, 1954

(Seal)

Signed Allan G. Howells
(Signature of Any Credible Person)

157 Elwood St.
(Street Address, City, State)
Redwood City, Calif.

FORM DPH - 51117

Form V. S. No. 11-O

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Murray Registration District No. 70 File No. 71137

No. ..... St. Primary Registration District No. 1011 Registered No. 59

Hospital .....

FULL NAME OF CHILD Ada Frances Howells

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Apr. 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allen George Howells	Grace Marie Baker
RESIDENCE	Murray	Murray
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Kentucky	Michigan
OCCUPATION	miner	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 3/4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brown MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 4/7 19 19 J R Bean Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

793-6/20-040-215

County of Shoshone

City of Wallace

No. 135 King St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 71138

Primary Registration District No. 1011 Registered No. 60

FULL NAME OF CHILD Thos Wm Gillies

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Apr 20 1919

FATHER	MOTHER
FULL NAME Wm Gillies	FULL MAIDEN NAME Christin Sanderson
RESIDENCE Wallace	RESIDENCE Wallace
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Scotland
OCCUPATION Laundryman	OCCUPATION H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) James R Bean M D

(Physician or midwife)

Address

Filed 5/20 1919

J R Bean Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

345-202-040-645

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

Primary Registration District No. 1011

File No. 71139

Registered No. 61

FULL NAME OF CHILD Ruth Elizabeth Lundy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 2 1919

FATHER		MOTHER	
FULL NAME	Rutherford B Lundy	FULL MAIDEN NAME	Elizabeth Frederick
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill	BIRTHPLACE	N. Dak
OCCUPATION	Chiropractor	OCCUPATION	H W

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/3 1919

J H Bean
Registrar

JUN 6 1958

DECEASED

468-103-040-613

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71140

Registration District No. _____ File No. _____

Primary Registration District No. 9 Registered No. 62

FULL NAME OF CHILD William Earl Doyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 3 1919

	FATHER	MOTHER
FULL NAME	Patrick Joseph Doyle	FULL MAIDEN NAME: Kate Amanda Walker
RESIDENCE	Mace, Idaho	Mace, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	25 (Years)
BIRTHPLACE	Ireland	Oklahoma
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed 5/15 19 19 J. R. Bean Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAR 1 0 1945

14-08-8

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 791-040-962

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. H-6

County of Shoshone

City of Mullan

Registration District No. 10

File No. 71141

No. ..... St.

Primary Registration District No. 10 11

Registered No. 63

Hospital .....

FULL NAME OF CHILD Louis Grange

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	May 22 1919

FATHER

FULL NAME Louis Grange

RESIDENCE Mullan

COLOR W

AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Italy

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Antonette M. J. Rosetto

RESIDENCE Mullan

COLOR W

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Italy

OCCUPATION Hw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Bean M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jun 3 1919

J A Bean Registrar

818-223-080-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71142

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 64

FULL NAME OF CHILD Dorothy Elizabeth Hayes HAYS

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 23rd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry F. Hayes HAYS	FULL MAIDEN NAME	Dorothy Briggs
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 yrs (Years)	AGE AT LAST BIRTHDAY	33 yrs (Years)
BIRTHPLACE	Hanover Illinois	BIRTHPLACE	Oregan City Oreg.
OCCUPATION	Cleaner and Dyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 23rd 1919 at 8 53 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard C. Jameson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5/30 1919

J R Bean
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor

Certificate No. 71142

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Dorothy Elizabeth Hayes (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 5 23 19 (May 23, 1919) (DATE OF EVENT)
in Wallace Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Dorothy Elizabeth Hayes	Dorothy Elizabeth Hays
father's name	Harry F. Hayes	Harry F. Hays
mother's name	Dorthy Briggs	Dorothy Briggs

Subscribed and sworn to before me this 11
day of April, 19 42

Notary Public, residing at Aberdeen
My commission expires Dec 1 1943
(SEAL)

Signed Harry F Hays
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2311 Cherry St Hoquiam Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on JUN 16 1942 By .....
(REGISTRAR'S SIGNATURE)

JUN 2 2 1942

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

155-201-040-343

County of Shoshone

City of Wallace

No. Stull Spur St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

Primary Registration District No. 10 "

File No. 71143

Registered No. 65

FULL NAME OF CHILD Milford Emma Jenkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	June 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd F. Jenkins	FULL MAIDEN NAME	Grace F. Culbertson
RESIDENCE	Stull Spur - Wallace	RESIDENCE	Stull Spur
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minn
OCCUPATION	Lumberman	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6/1 1919

J R Bean
Registrar

NOV 21 1962

Amended 3-30-66 746/102,040-963

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71144
Local Reg. No. 66
Reg. Dist. No. 70

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mullan
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mullan
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Herman
b. (Middle):
c. (Last): Prolo

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M.	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 2, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Carlo
b. (Middle):
c. (Last): Prolo

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Italy	Miner	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Eliza
b. (Middle):
c. (Last): Zotpa

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
46 YEARS	Italy	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: James R. Bean

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-2-1919

22. REGISTRAR'S SIGNATURE: J.R. Bean

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 10

Primary Registration District No. 1011

File No. 71144

Registered No. 66

FULL NAME OF CHILD Fiume Prolo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carlo Prolo	FULL MAIDEN NAME	Eliza Zotpa
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MW (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/2 1919

J R Bean
Registrar

JAN 24 1966
MAR 30 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

MAR 2 4 1966

Bureau of Vital Statistics

State of Idaho
County of Shoshone } ss.

Certificate No. 71144

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Finure Prolo (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1919 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit, baptismal record & employment (Bible Record, Insurance Policy, Etc.) prepared on March 21, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Finure Prolo	Herman Prolo

Subscribed and sworn to before me this 21st day of March 19 66

Richard G. Musgrave
Notary Public, residing at Wallace, Idaho
My commission expires March 22, 1968
(Seal)

Signed Peter Prolo
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
117 Cypress St., Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 21st day of March, 19 66

Richard G. Musgrave
Notary Public, residing at Wallace, Idaho
My commission expires March 22, 1968
(Seal)

Signed Bernice Kirkland Prolo
(Signature of Any Credible Person)
117 Cypress St., Wallace, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-2-66. nm

The Holy Sacrament of Baptism, baptized April 11, 1920, Catholic Chu ch, Saint Michael Church, Mullan, Idaho gives full name as Armando Prolo, born June 2, 1919 at Mullan, Idaho to Carolo Prolo and Eliza Zoppa - viewed by V.S.

Statement from H. I. Nelson, Personnel Supervisor, American Smelting and Refining Company, Wallace, Idaho written March 15, 1966 states "This is to certify that Herman Prolo, SS#518-03-7801, having been employed by us at various times from 1939 to March 1, 1956, gave his date of birth as June 2, 1919." - viewed by V.S.

A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Shoshone)

I, PETER PROLO, of Wallace, Idaho, being duly sworn, depose and say:

That I am an older brother of Herman Prolo who presently resides in Inglewood, California; and

That I make this Affidavit for the purpose of correcting Herman Prolo's birth certificate which is presently on file with the Bureau of Vital Statistics, Idaho Department of Health in Boise, Idaho; and

That the present birth registration of Herman Prolo gives his name as "Finure" Prolo, born in Mullan, Idaho on June 2nd, 1919; and

That my brother possibly received the name of "Finure" very early in his lifetime, but this name was not acceptable to his mother; and

The parents of Herman Prolo had him baptized at St. Michael's Catholic Church in Mullan, Idaho under the name of "Armando" Prolo, which is the Italian name for Herman; and

That my brother has been known all during his life to the members of our family, friends and while in military service by the name of Herman Prolo.

Further affiant sayeth not.

Peter Prolo

Subscribed and sworn to before me this 21st day of March, 1966.

Richard C. Magnuson

Notary Public in and for the State of Idaho, Residing at: Wallace

My Commission expires: March 22, 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

569-213-940-259

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

Primary Registration District No. 1011

File No. 71145

Registered No. 67

FULL NAME OF CHILD BERNICE HELEN NORMOYLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	June 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. Valley Normoyle	FULL MAIDEN NAME	Lillian Berg
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn
OCCUPATION	Auto Mechanic	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6/15 1919

J R Bean
Registrar

843-120-040-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

71146

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ~~Idaho~~ St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 1011

File No.

Registered No. 68

FULL NAME OF CHILD John Alden Jay Hull

Sex of Child	Twin Triplet or other? ~~one~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 20th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold J. Hull	FULL MAIDEN NAME	Elizabeth Alden Piatt
RESIDENCE	King St. Wallace Idaho	RESIDENCE	King Street Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Mapleton N. Dakota	BIRTHPLACE	St. Paul Minnesota
OCCUPATION	Attorney at Law	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive June 20th 1919 at 1:10 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 6/25 1919

J. A. Bean
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/21/41 L. B.

DEC 7 1967

FEB 1 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-206-040-319

PLACE OF BIRTH

Form ... 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71147

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. ..... St.

Primary Registration District No. 1011

Registered No. 69

Hospital Wallace

FULL NAME OF CHILD ~~XXXXXXXX~~ BILLIE MAE Johnston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		2nd	yes	July 6th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Halley Johnston	FULL MAIDEN NAME	Martha Carlson
RESIDENCE	King Street	RESIDENCE	King st. Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 Years (Years)
BIRTHPLACE	Grand Rapids Mich.	BIRTHPLACE	Rollings Montana
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 6th 1919 at 1:07 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bernard E. Hanson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address M.D.

Filed 7/10 1919 — J. R. Bean
Registrar

S-Y CO. 24655

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash. }
County of King } ss.

Certificate No. 71147

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Billie Mae Johnston (Birth ~~or Death~~)
for Billy Johnston (Name on Original Certificate) who (Was Born ~~or Died~~) on July 6 1919 (Date of Event)
in Wallace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy, Etc.~~) prepared on July 6 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Billy Johnston	Billie Mae Johnston

Subscribed and sworn to before me this 2
day of March, 1942.

Notary Public, residing at Seattle

My commission expires June 23, 1945
(Seal)

Signed William Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of March, 1942.

Notary Public, residing at Seattle

My commission expires April 30, 1942
(Seal)

Signed Katrine W. Herberg
(Signature of Any Credible Person Other Than Previous Year)

4528-7th Ave. N.E., Seattle, Wash.
(Street Address, City, State)

MAR 7 0 1942

AUG 1 9 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

331-106-040-617

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

File No. 71148

Primary Registration District No. 1011

Registered No. 70

FULL NAME OF CHILD Jack Clubb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 6 1919

FATHER		MOTHER	
FULL NAME	A. Stallon Clubb	FULL MAIDEN NAME	Mae Van Wagenen
RESIDENCE	Seattle Wn	RESIDENCE	Seattle Wn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Illinois
OCCUPATION	Carpenter	OCCUPATION	Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James L Bean M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7/10 1919 J M Bean Registrar

CLUBB

dup of 1919-257516

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

636-129.940-113

County of Ho Stone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71149

Registration District No. 70

File No. .....

Primary Registration District No. 1011

Registered No. 71

FULL NAME OF CHILD Edward Jackson Flood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	July 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilfrid E Flood	FULL MAIDEN NAME	Eva M Jackson
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Or
OCCUPATION	Bookkeeper	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 p M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7/30 1919

J R Bean Registrar

249-224-d6-236

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

71150

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1312

FULL NAME OF CHILD ..... Smith .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. H. Smith	Lillie S Yoke
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 9 ... Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Aug. 13 1919

Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-332396

219-223-016-397

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71151

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1313

FULL NAME OF CHILD Lura Faye Barksdull.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. A. Barksdull.	FULL MAIDEN NAME	Louisa Tiffits
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Autosalesman	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Burley, Ida.

Filed July 31 1919 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 71151

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lura Fay Barkdull (Name on Original Certificate) who Was Born (Was Born or Died) on July 23rd, 1919 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lura Fay Barkdull

Subscribed and sworn to before me this 14th day of May, 1942

L. J. McDonald

Notary Public, residing at Salt Lake City, Ut.

My commission expires
(Seal)

Signed Leslie N. Barkdull
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1942

L. J. McDonald

Notary Public, residing at Salt Lake City, Ut.

My commission expires May 21st 1942
(Seal)

Signed Mary Kirkham
(Signature of Any Credible Person Other Than Previous Year)

57 So. 7th East, City
(Street Address, City, State)

MAY 10 1942

MAR 2 8 1972

MAY 2 1 1942

713223-016-313

PLACE OF BIRTH name added 3/11/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

71152

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

Primary Registration District No. 2196

File No. .....

Registered No. 1314

FULL NAME OF CHILD Zelda Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 23 1919

FATHER		MOTHER	
FULL NAME	W. A. Palmer	FULL MAIDEN NAME	Virgie Talbot
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed July 31 1919 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 28 12 10 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 71152
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Palmer (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 23, 1919 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Zelda Palmer

Subscribed and sworn to before me this 26th day of December, 19 79.

Notary Public, [illegible] D. Crowell
Residing at Ogden, UT
My commission expires May 16, 1983
(Seal)

Zelda Palmer Fenner
Signature of Applicant

346 No. Wall Ogden Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 3/6/79

Baby book record gives name as Zelda Palmer born ~~in~~ July 23, 1919 art Burley Idaho at 4 o'clock pm. viewed by V. S.

Diploma from Rupert High school, Rupert, Idaho gives name as Zelda Palmer. dated May 28, 1937. viewed by V. S.

MAR 11 1980

33-118-016-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 71153

Primary Registration District No. 2196 Registered No. 1215

FULL NAME OF CHILD Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 18 1917

FATHER		MOTHER	
FULL NAME	J. H. Clark	FULL MAIDEN NAME	Ella Hills
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wyo.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 13 1919 Dr. J. C. Patterson Registrar

291-224-06-357

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 71154

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1316

FULL NAME OF CHILD Bradshaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	July 24 19 9

FATHER		MOTHER	
FULL NAME	F. J. Bradshaw	FULL MAIDEN NAME	Florence Feathan
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30.
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed July 30 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-109-016-231

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C Rev. 6-5-17

CERTIFICATE OF BIRTH

71155

Registration District No. 117

File No. 1317

Primary Registration District No. 2196

Registered No. [redacted]

FULL NAME OF CHILD GERALD Bulkeley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 9 1917

FATHER	MOTHER
FULL NAME J. F. Bulkeley	FULL MAIDEN NAME Florence Black
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 3 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 31 1917

*Dr. J. C. Patterson
Registrar

STATE OF IDAHO MAR 19 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of MARION } ss.

Certificate No. 71155

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for - - Bulkley (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parent's Affidavit (Bible Record, Insurance Policy, Etc.) prepared on March 13, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	- - Bulkley	Gerald Bulkley

Subscribed and sworn to before me this 13
day of March 1942

Nellie E. Schwab

Notary Public, residing at Salem Oregon

My commission expires Jan 8-1943
(Seal)

Signed Florence E. Cattew (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

704 So High Salem, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of MARION } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of March, 1942

Nellie E. Schwab

Notary Public, residing at Salem, Oregon

My commission expires Jan. 8, 1943
(Seal)

Signed William Lowell Bulkley
(Signature of Any Credible Person Other Than Previous Year)

7715 S.E. Stevens St. Pla
(Street Address, City, State)

Port. Ore.

MAR 24 1942

JUL 17 19[illegible]

666-222-016-313

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71156

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1319

FULL NAME OF CHILD Laurer Woodbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	1		1	yes	June 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Woodbury	FULL MAIDEN NAME	Edith Talbot
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farm	OCCUPATION	Hswfe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith Md

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley

Filed July 27 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1998

569-229-016-231

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71157

County of Cassia

City of Burley

No. R 7 D r St.

Registration District No. 117

Primary Registration District No. 2196

File No.

Registered No. 1318

Hospital

FULL NAME OF CHILD ~~Baby~~ Nordstrom, Margaret Kathleen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1		1	yes	Apr. 29 19 9

FATHER		MOTHER	
FULL NAME	John G. Nordstrom	FULL MAIDEN NAME	Jane Pearce
RESIDENCE	Burley R 7 D 2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsf

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) G. O. Smith MD

(Physician or midwife)

Address Burley

Filed July 27 1917 Jas. L. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cert. Copy of Certification of Birth, issued March 26, 1954 gives full name as Alan Lee Tanner, born Aug. 15, 1953 at Salt Lake City, Utah son of Willard Douglas and Margaret Kathleen Nordstron Tanner - city file no. #6186 - viewed by V.S. L.D.S. Church Sealing Record, dated June 2, 1952 gives full name as Margaret Kathleen Nordstrom - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 11 1963
Bureau of Vital Statistics

State of Idaho
County of Cassia } ss.

Certificate No. 71157
Date Filed Sept. 6, 1963

The undersigned does solemnly swear that certain facts on the Birth (Birth or Death)
for Unnamed Nordstrom (female child) who was born on April 29, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Kathleen Nordstrom

Subscribed and sworn to before me this 10th day of September, 1963.
Leon Carter
Notary Public, residing at Burley, Idaho
My commission expires April 29-1965
(Seal)

Signed Mary Jane Nordstrom (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1535 Hansen Ave., Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of September, 1963.
Elsie Robinson
Notary Public, residing at S. L. City
My commission expires May 5 1966
(Seal)

Signed Kenneth N. Abbott
(Signature of Any Credible Person)
851 W. 4th N. Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155

CL 9-4-63. nm

SEP 16 1963

766-223-016-893

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. RFD 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 71159

Primary Registration District No. 2196 Registered No. 1320

FULL NAME OF CHILD Baby Goold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	1		1	yes	June 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George A. Goold	FULL MAIDEN NAME	Mary Geneva Hicks
RESIDENCE	Burley RFD 2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith Md

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley

Filed July 27 1919 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-112-016-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 71160

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 1333

Hospital

FULL NAME OF CHILD Donald Earl Redfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 12 1919

FATHER		MOTHER	
FULL NAME	F. O. Redfield	FULL MAIDEN NAME	Jessie Rosenbaum
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Neb.
OCCUPATION	Civil Engineer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 31 1919 Dr. J. C. Patterson Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 4 1945

864-203-016- [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 71161

Primary Registration District No. 2196

Registered No. 1332

FULL NAME OF CHILD Amanda Katherine Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sean Young	FULL MAIDEN NAME	Ella Davis
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	[illegible]

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed July 31 1919 Dr. J. C. Patterson
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-130-016-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71162

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1331

FULL NAME OF CHILD Charles Bradford Doe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 30 1917

FATHER		MOTHER	
FULL NAME	C. W. Doe	FULL MAIDEN NAME	Lois McDowell
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Bankclerk	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Aug 13 1917 Dr. J. C. Patterson Registrar

AUG 19 1942

FEB 5 1952

981-213-016-419

PLACE OF BIRTH amend 11-17-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

71163

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1336

Hospital .....

FULL NAME OF CHILD Inis A. Chapman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 13 1917

FATHER		MOTHER	
FULL NAME	L. A. Chapman	FULL MAIDEN NAME	Blanche Martindale
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Aug. 13 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-5-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
NOV 17 9 33 AM '81

State of _____ } ss.
County of _____

Certificate No. 71163
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Chapman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-13-19 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	inis A. ~~Iris~~ ~~Annie~~ Chapman

~~Subscribed~~ and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Inis (Ina) Chapman
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary ✓)

State of Alaska } ss.
County of _____

The ~~undersigned~~ does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the ~~best of his~~ knowledge.

Subscribed and sworn to before me this 13 day of November, 1981.

Notary Public, Carol Wilsonoff
Residing at Palmer, Alaska
My commission expires 8-30-82
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

NOV 17 1981

Twin Falls School District # 411 gives Inis A Chapman born 7-13-19 mothers name Blanche , fathers name Lem. Chapman Census Marshal's Report dated 10-8-28. Viewed by V.S.

Boise Public School credit card gives Inis A Chapman born 7-13-19 parents name L.N. Chapman was enrolled at Loweel School 5-29-30 through 6-5-31. Viewed by V.S.

415-113-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71164

County of Cassia

City of Burley

No. ..... St.

Registration District No. 1

File No. .....

Primary Registration District No. 2196

Registered No. 1329

Hospital .....

FULL NAME OF CHILD Roy Corwin Davidson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 13 1919

FATHER	MOTHER
FULL NAME R. C. Davidson	FULL MAIDEN NAME Velva Bayley
RESIDENCE Burley, Ida	RESIDENCE Burley, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ark.	BIRTHPLACE Idaho
OCCUPATION Garage owner	OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley, Ida.

Filed July 31 1919 Dr. J. C. Patterson Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

cc 4-2-41 PBA

763,128,016- 25-5-

PLACE OF BIRTH name added 6-10-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

71165

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1328

FULL NAME OF CHILD Fred Leslie Gochnour

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 28 1919

FATHER

FULL NAME: A. B. Gochnour

RESIDENCE: Burley, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Penn.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lillie Pee.

RESIDENCE: Burley, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Penn.

OCCUPATION:

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 13 1919 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-15-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE.
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Pennsylvania
County of Bedford } ss.

Certificate No. 71165
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Gochnour (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-28-19 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Fred Leslie Gochnour

Subscribed and sworn to before me this 21 day of September, 1981.

Notary Public, S. KIRK DUNKLE, NOTARY PUBLIC
Residing at EVERETT BOROUGH, BEDFORD COUNTY
My commission expires MY COMMISSION EXPIRES MAR. 24, 1984
(Seal) Member, Pennsylvania Association of Notaries

Fred L Gochnour
Signature of Applicant

306 E Main St Everett Pa 15537
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Pennsylvania
County of Bedford } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of September, 1981.

Notary Public, S. KIRK DUNKLE, NOTARY PUBLIC
Residing at EVERETT BOROUGH, BEDFORD COUNTY
My commission expires MY COMMISSION EXPIRES MAR. 24, 1984
(Seal) Member, Pennsylvania Association of Notaries

B Frank Dunkle, Sr
Supporting Signature

805 N Spring St
Street Address, City, State

Everett, Pa 15537

Certificate of Baptism for Fred Leslie Gochnour son of Albert S and Lilly Pee Gochnour was born 7-28-19 in Burley and was baptised 12-5-32 in Everett, PA D.I. Pepple Evangelist. Viewed by V.S.

JUN 10 1982

School record from Everett High gives Fred L Gochnour born 7-28-19 in Idaho was enrolled for school year of 1932. Viewed by V.S.

215-213-016-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71166

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1327

FULL NAME OF CHILD VERLA ~~ELAINE~~ Elaine Sandberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. F. Sandberg	FULL MAIDEN NAME	Emma Mechams
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sugar Factory Employe	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed July 31 1919 Dr. J. C. Patterson

Registrar

Registrar

(Registrar's signature) and address Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Emma Mecham Sandberg, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Viola Elaine Sandberg as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. McAllister, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Mary Emma Mecham Sandberg Signature
Burley P. O. Address

Subscribed and sworn to before me on this 28 day of October 19 41
(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

RECEIVED
NOV 3 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

652-215-0176-514

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH 71167

Registration District No. 117 File No. .....

Primary Registration District No. 296 Registered No. 1326

FULL NAME OF CHILD Webb, Ruth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 15 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. W. Webb.	Katie Farmer
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Arizona	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 31 1917 Dr. J. C. Patterson Registrar

SEP 9 1988

OCT 18 1988

795-130-016-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71168

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1325

FULL NAME OF CHILD Ernest James Pinkham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 30 1919

FATHER		MOTHER	
FULL NAME	A. J. Pinkham	FULL MAIDEN NAME	Alice Dixon
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Aug. 13 1919 Dr. J. C. Patterson Registrar

K

FEB 1 2 1943

796-227-016-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 11169

Registration District No. 117 File No. .....

Primary Registration District No. 2176 Registered No. 1324

FULL NAME OF CHILD THEO Grow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 27 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. M. Grow	Viola Wood
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Aug. 13 1917 Dr. J. C. Patterson Registrar

K

Burley, Idaho

May 22, 1942

STATE OF Idaho)
COUNTY OF Cassia)

Viola Grow, being first duly sworn, upon oath says; that she, is the mother of Theo Grow, and that Theo Grow, was born at Burley, County of Cassia, State of Idaho on the 27 day of July, 1919.

Father's name Lorin McKay Grow

Mother's maiden name Viola L. Wood

Physician's name Dr. Patterson

This affidavit is made for the purpose of securing a birth certificate for said Theo Grow

Viola L. Grow

Subscribed and sworn to before me this 2nd day of June, A. D. 1942.

Henry H. Tucker

Notary Public in and for the State of Idaho, residing at Burley, therein.

My commission expires June 1 1946

JUN 9 1942

266-118-06-154

Form V. S. No. 11-G-[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. R F D 2 St.

Registration District No. 117

File No. 71170

Primary Registration District No. 2196

Registered No. 1322

Hospital

FULL NAME OF CHILD ~~Baby~~ Bowers Neal Elias

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Apr. 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Bowers	FULL MAIDEN NAME	Hannah Anderson
RESIDENCE	Burley,	RESIDENCE	same
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farm	OCCUPATION	Hsf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley

19

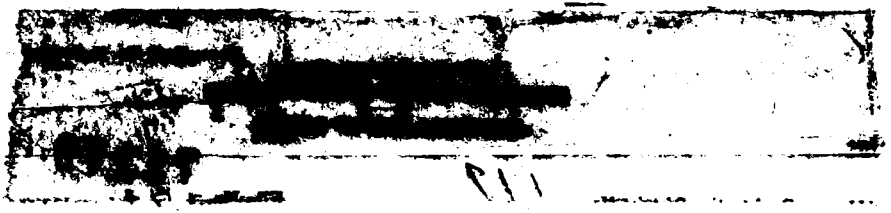
Registrar

Filed July 27 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 28 1963

412-206-022-296

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

[illegible] IDAHO
[illegible] STATISTICS
[illegible] OF BIRTH

County of Fremont

City of Parker

Registration District No. 7 7

File No. 71171

No. ..... St.

Primary Registration District No. 2197

Registered No. .....

Hospital .....

FULL NAME OF CHILD ELIZABETH Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas Huckley Mason	FULL MAIDEN NAME	Esta Brower
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Parker	BIRTHPLACE	Wilford
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.35 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Farshbarger

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony Idaho

Filed Aug 11 1919 W. Dewey

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

386-208-022-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

71172

County of Fremont

City of Parker

Registration District No. 99

File No.

No. ..... St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Violet Thornock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	July (Month) 8 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Heber William Thornock	FULL MAIDEN NAME Wanda Stelicia Peterson
RESIDENCE Parker Idaho	RESIDENCE Parker Idaho.
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Bloomington Bear Lake Co, Ida	BIRTHPLACE Bloomington, Bear Lake Co., Idaho.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Harshbarger

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

Filed Aug 10 1919

W Beyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

415-230-022-219 amend date added name
5-10-84 dl

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

71173

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. .....

Registered No. .....

FULL NAME OF CHILD Melba Davenport

Sex of Child girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 26 (Day) 30 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Davenport	FULL MAIDEN NAME	Flora Belle Barrett
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Parker	BIRTHPLACE	Provo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Kirschberger
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

Filed Aug 10 1919 W Sparet
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-12-81

RECEIVED
MAY 8 1984
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 71173
Date Filed 5/8/84

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Davenport (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-26-19 (Date of Event)

in Parker (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Melba Davenport
childs birth date	7-26-19	7-30-19

Subscribed and sworn to before me this 1st day of May, 1984.

Notary Public, Hugh L Wilson
Residing at Idaho Falls
My commission expires permanent
(Seal)

Melba D. White
Signature of Applicant

1161 Ada Ave. Idaho Falls, Id. 83402
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Bonneville } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1984.

Notary Public, Hugh L Wilson
Residing at Idaho Falls
My commission expires permanent
(Seal)

(Older Brother)
Dean R. Davenport
Supporting Signature

Rt. 2 Box 47 St. Anthony, Ida.
Street Address, City, State

MAY

Certificate of Baptism from LDS Church gives Melba Davenport daughter of Chas Davenport and Flora Barrett born July 30, 1919 at Parker was baptised July 7, 1928. Viewed by V.S.

Patriarchal Blessing in LDS Church lists Melba Davenport born July 30, 1919 at Parker Idaho was given blessing Feb 18, 1932. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

113-229-022-219

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 99 File No. 71174

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Leola Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Female		Yes	7 / 29 / 1919

FATHER		MOTHER	
FULL NAME	Frederick Clark Jackson	FULL MAIDEN NAME	Annie B. Carlson
RESIDENCE	Parker Idaho	RESIDENCE	Parker Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Paradice Utah	BIRTHPLACE	Oakley Cassia Co Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Kershbarger

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony, Idaho

Filed Aug 10 1919 W. A. Wright

Registrar

Registrar

State of Idaho, County of Clark, Marriage License and Certificate, married Nov. 10, 1940 at Idaho Falls, Idaho gives full name of groom as Marshall R. Smith and full name of bride as Leola Jackson - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 28 1963
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. #71174

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jackson (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1919 (Date of Event)

in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Jackson	Leola Jackson

Subscribed and sworn to before me this 24 day of January, 1963

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1964

(Seal)

Signed Marshall R. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5203 Bloom Lane Boise Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Own child's birth cert. On file Idaho, File #322018,
Gives name as Leola Jackson. Viewed by Vital Statistics.

JAN 30 1963

331-129-022-331

PLACE OF BIRTH

[redacted]

County of Fremont

City of Stanthony

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 71175

Registration District No. 99

Primary Registration District No. 2277

File No. .....

Registered No. .....

FULL NAME OF CHILD John P. Clarke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	7 (Month) 29 (Day) 1919 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Lester L. Clarke		Bertha L. Clarke
RESIDENCE	St. Anthony, Ida	RESIDENCE	St. Anthony, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Clarkston Utah	BIRTHPLACE	Cannonville, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony, Ida

Filed Aug 10 1919 W. Scott

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 29, 1941. E.W.

816-222-052-916

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71176

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. .....

Registered No. .....

FULL NAME OF CHILD Haws

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Haws	FULL MAIDEN NAME	Delia Rawlings
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M.D. (Physician or midwife)

Address St. Anthony Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Aug 10 1919

W. D. Grist Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-230-022-359

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71177

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Pearl Powell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth July 30 1919 (Month) (Day) (Year)
Female			

FATHER		MOTHER	
FULL NAME	James Raymond Powell	FULL MAIDEN NAME	Agnes Pearl Terry
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idg	BIRTHPLACE	Wh
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 10 1919

W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-224-022-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bennett

City of Paris

Registration District No. 91 File No. 71178

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo E. Stoddard	FULL MAIDEN NAME	Afton Haight
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 20 1919

W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1975

349-119-022-893

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Chester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 71179

Primary Registration District No. 277 Registered No. .....

FULL NAME OF CHILD Francis Neal Carr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 19 1919

FATHER		MOTHER	
FULL NAME	Otis Carr	FULL MAIDEN NAME	Hannah Hill
RESIDENCE	Blackfoot Ida	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Neal

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 10 1919

W B Neal
Registrar

DEC 28 1954

386-109-222-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71180

933

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St. Primary Registration District No. 277 Registered No.

Hospital

FULL NAME OF CHILD Wallace Raymond Thornborrow

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 9 1919

FATHER		MOTHER	
FULL NAME	David R Thornborrow	FULL MAIDEN NAME	Myrtle Durrett
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 9, M. on the date above stated.

(Signature) W B Everett

(Physician or midwife)

Address

Filed Aug 9 1919 W B Everett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 '96

693-205-022-44

Form V. S. No. 11-C—25m-7-21-19

7111

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD Margaret Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 5 1919

FATHER		MOTHER	
FULL NAME	Hyrum Gilbert Wilson	FULL MAIDEN NAME	Minnie Lida Murphy
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Logan Utah
OCCUPATION	Common Labor	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 9, M. on the date above stated.

(Born alive or stillborn)

(Signature) W Dewey

(Physician or midwife)

Address St Anthony

Filed Aug 10 1919 W Dewey

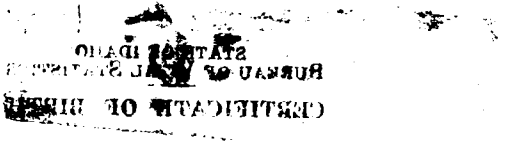
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar



SEP 1 0 1975

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SEP 1 9 1975

666-118-033-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 71182

Primary Registration District No. 2178

Registered No. 78

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	—	Yes	5 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry H. Woods	FULL MAIDEN NAME	Elizabeth Hendry
RESIDENCE	Rexburg Ida	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Wellsville	BIRTHPLACE	Wellsville
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8/7 1919 G. G. Eastpe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-120-033-142

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 — File No. 71183

Primary Registration District No. 2178 — Registered No. 79

FULL NAME OF CHILD Howard M. Sundberg Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1		yes	5 (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard M. Sundberg	FULL MAIDEN NAME	Hazel Austin
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	S. L. Mt.	BIRTHPLACE	Lehi Mt.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8/7 1919 G. G. Estes

Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-2002-033-235 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71184
Local Reg. No. 30
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Vivian b. (Middle): LaOra c. (Last): Soule

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): June 2, 1919 born alive at 5 p.m.

FATHER OF CHILD

7. FULL NAME a. (First): Henry b. (Middle): Watson c. (Last): Soule

8. AGE (At time of this birth): 44 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Hooper, Utah
10. USUAL OCCUPATION: Lawyer
11. KIND OF BUSINESS OR INDUSTRY: Legal

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Alice b. (Middle): Caroline c. (Last): Steed

13. AGE (At time of this birth): 37 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Nephi, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Alice Caroline Soule Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. T. Parkinson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: August 7, 1919
22. REGISTRAR'S SIGNATURE: G. G. Espe
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1973

796-131-033-294

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71185

County of Madison

City of Archer — Registration District No. ..... — File No. .....

No. ..... St. — Primary Registration District No. ..... — Registered No. 31

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 31st 1919

FATHER		MOTHER	
FULL NAME	Seth B. Grover	FULL MAIDEN NAME	Hannah E. Simmons
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	Lyman Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 31st 1919, at 7-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.
(Physician or midwife)**

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 19.19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
155-431-032-795

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-[illegible]

71186

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 32

FULL NAME OF CHILD D. La Mar Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	7 31 1919

FATHER		MOTHER	
FULL NAME	Fed. L. Jensen	FULL MAIDEN NAME	May E. Preston
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 x 0 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8-1 1919 G G Espe
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1960

JUN 19 1941

219-106-033-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

File No. 71187

Primary Registration District No. 2178

Registered No. 33

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 6th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Barney	FULL MAIDEN NAME	Elsie Christensen
RESIDENCE	Lewisville Idaho	RESIDENCE	Lewisville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Vernal Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 6th 1919 (Born alive or stillborn), at 5-50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Address Rexburg Idaho

Filed 7/15 1919 G G Espe
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-207-033-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100

File No. 71188

Primary Registration District No. 2178

Registered No. 34

FULL NAME OF CHILD Mary Clara Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 7th 1919

FATHER		MOTHER	
FULL NAME	Claud N. Baker	FULL MAIDEN NAME	Cassie Goodnough
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Elizabethtown Kent.	BIRTHPLACE	Legrande Oregon
OCCUPATION	Auto Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive On July 7th., 1919 (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address Rexburg Idaho

Filed 7-15 1919

G G Espe
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1952

413-109-
033-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71189

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 35

FULL NAME OF CHILD Jack Matsumura ~~Kenshi~~ Matsumura

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	yes	July 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. Matsumura	FULL MAIDEN NAME	T. Kanamoto
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

1st copy issued 12/15/41

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8/7 1919 G. G. Eshe

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison

City of Rexburg

No. R. F. D. No. 3 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jack Matsumura

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth July 10, 1919 (MONTH, DAY, YEAR)

FATHER

9. Full name Seichiro Matsumura

10. Residence (usual place of abode) (If non-resident, give place and State) Hiroshima

11. Color or race Yellow 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) Japan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19___

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Tsuruyo Kanamoto

19. Residence (usual place of abode) (If non-resident, give place and State) Hiroshima

20. Color or race _____ 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or country) Japan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m., on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. T. Nakamura, M. D.

or _____, Midwife

Address Rexburg Idaho

Give name added from a supplemental report _____
(DATE OF)

Filed _____, 193___

_____ Registrar.

_____ Registrar.

FEB 6 1981

12-45-W

653-110-033-993

PLACE OF ~~BIRTH~~

Form ~~V.S. No. 11-C~~ 25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. _____ St.

Hospital _____

Registration District No. 100 File No. 71190

Primary Registration District No. 2178 Registered No. 36

FULL NAME OF CHILD Edward Dale Welker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 10th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Welker	FULL MAIDEN NAME	Sophrona Ricks
RESIDENCE	Salem Idaho	RESIDENCE	Salem Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Bloomington Idaho	BIRTHPLACE	Salem Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive On July 10th 1919, at 9 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 7-15 1919 G G Espe
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

NOV 12 1941
RECEIVED

Certificate No. 71190
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of July 10, 1919 (Birth or death) for Unnamed Welker (Name on original certificate) who was born (Was born or died) on July 10, 1919 (Date of event) in Salem, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Welker	Edward Dale Welker

Subscribed and sworn to before me this 7th day of November, 19 41.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar 27, 1943

[SEAL]

Signed Sophronia Welker.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of November, 19 41.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943

[SEAL]

Signed Samuel L Welker
(Signature of any credible person other than the previous affiant.)

Rexburg, Idaho.
(Street Address, City, State)

Received for filing ... By ...

JAN 1 2 1976

PLACE OF BIRTH

County of Madison

City of Rexburg

393-1181033433 No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. F. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 100

Primary Registration District No. 2178

File No. 71191

Registered No. 37

FULL NAME OF CHILD ..... REED OTTO LILJENQUIST

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	7-18-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Liljenquist	Ivy Allen
RESIDENCE	Rexburg Ida	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Ut	Ut.
OCCUPATION	Book-keeper	

Number of child of this mother, including present birth ..... 7 ..... Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3351 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Steele

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
..... Registrar

Address .....

Filed 8—1 19 19 G Steele
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT R...
N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 2 9 25 AM '78

State of ..... } ss.
County of ..... }

Certificate No. 71191

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Liljinquist (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Reed Otto Liljenquist
Father's Last Name	Liljinquist	Liljenquist

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed neither available
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 19 78

Notary Public, residing at Pocatello, Idaho
My commission expires 12-81
(Seal)

Signed Diane Liljenquist
(Signature of Any Credible Person)

1122 E Poplar Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-14-64. nm CLS-3178 Rush!

Patriarchal Blessing gives name asReed Otto Liljenquist, son of Otto Erastus Liljenquist and Ivy May allen Liljenquist, born at Rexburg, Idaho on July 18, 191 1919. Recorded under # 2606 at Rexburg, Idaho on Feb. 13, 1932.
Viewed by V.S.

Public School Diploma issued by the Rexburg, Madison County School Dist. gives name as Reed Otto Liljenquist. Diploma issued May 12, 1933, by L. J. Teethers, Chairman Board of Education and Alvin Thomas, Principal.
Viewed by V.S.

314-218-033-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71192

County of Madison

City of Rexburg — Registration District No. — File No.

No. ____ St. — Primary Registration District No. — Registered No. 38

Hospital

FULL NAME OF CHILD Lois Verda Camphouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 18th 1919

FATHER		MOTHER	
FULL NAME	John Camphouse	FULL MAIDEN NAME	Lois Hill
RESIDENCE	Sugar Idaho	RESIDENCE	Sugar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Parker Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 18th., 1919. at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.
(Physician or midwife)*

Address Rexburg Idaho

Given names added from a supplemental report.

....., 19.....
Registrar

Filed July 19 19
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1979

4811Y

155·219·033 =155 name added 7-17-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71193

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 39

FULL NAME OF CHILD La Rie Gweneth Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 19 1919

FATHER		MOTHER	
FULL NAME	Nels P. Jensen	FULL MAIDEN NAME	Annie Jensen
RESIDENCE	Rexburg Ida	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Denmark	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.12 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-1 1919 G G Espe

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1967

7-17-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 71193
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 19, 1919 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	La Rie Gweneth Jensen

Subscribed and sworn to before me this 17th day of July, 1984.

Notary Public, Darlene Leavitt
Residing at Boise Idaho
My commission expires Jan 14, 1987
(Seal)

x LaRie Gweneth Walquist
Signature of Applicant
x 3230 Bogus Basin Rd. Boise 83702
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security Card # 518-16-1240 lists La Rie Gweneth Jensen as employee. Date of Issue 6-9-38. Viewed by V.S.

Birth Certificate for Cynda Michele Walquist born 5-31-60 in Idaho Falls, lists mother as LaRie Jensen. Viewed by V.S.

Birth Certificate for Sharon Lorene Walquist born 3-8-44 in Idaho Falls lists mother as La Rie Gweneth Jensen. Viewed by V.S.

JUL 17 1984

165-220-033-693

PLACE OF BIRTH amend 12-14-81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7119-4

71194

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 40

FULL NAME OF CHILD Velma Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	7 20 1919

FATHER		MOTHER	
FULL NAME	Eldon Jones	FULL MAIDEN NAME	Olive Williams
RESIDENCE	Ririe Ida	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eske

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-1 1919

G G Eske
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-30-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 11 3 48 PM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Spokane } ss.

Certificate No. 71194
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-20-19 (Date of Event)
in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Velma Jones

Subscribed and sworn to before me this 4th day of December, 19 81

Notary Public, Rosemary Maher
Residing at Spokane, Wash.
My commission expires March 8, 1984
(Seal)

X Velma Peckoot
Signature of Applicant

Rt 1 Box 212 Mead Wa 99021
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

credit lcc

DEC 14 1981

Cert of Blessing gives Velma Jones born 7-20-19 in Salem, to Eldon Jones and Olive Williams was blessed 9-7-19 in LDS Church. Viewed by V.S.

Cert. of Baptism in LDS Church gives Velma Jones born 7-20-19 to Eldon Jones and Olive Williams was baptised 8-7-27 in LDS Church. Viewed by V.S.

695-222-033-215

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71195

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 41

FULL NAME OF CHILD Mary Jane Free

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 22 1919

FATHER		MOTHER	
FULL NAME	John F Free	FULL MAIDEN NAME	Ada Sanders
RESIDENCE	Rexburg Ida	RESIDENCE	Rex
COLOR	W AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Sand.	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A still[illegible] neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

Address .....

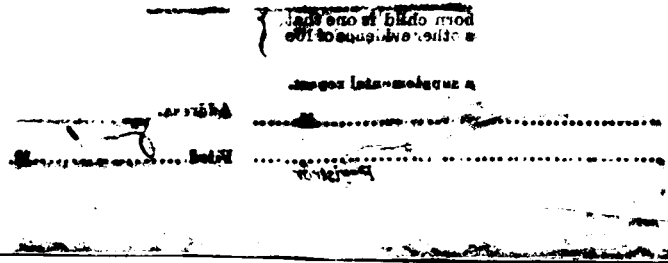
Filed 8-1-19 G G Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1961



414-223-033-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71196

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 42

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	7 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. H Maughan	FULL MAIDEN NAME	Olive Hansen
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ut.
OCCUPATION	Chemist	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-1 1919 G G Espe

Registrar

Registrar

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANE

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

239-225

033-238

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71197

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 48

FULL NAME OF CHILD ..... ELOISE FLORENCE STRUHS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	July 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank ~~Struhs~~ Struhs	FULL MAIDEN NAME	Anna Schanidlier
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Painter & Paper Hanger	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th ..... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 28th 1919, at 12-25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harley Nelson

M. D.

(Physician or ~~Midwife~~)

Address Rexburg Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 15 1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 71197

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Eloise Florence Struhs who was born on July 28, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Eloise Florence Struhs
name of father	Frank Struths	Frank Struhs

Subscribed and sworn to before me this 10, day of August, 1942

Merl Sutter

Notary Public, residing at Los Angeles, Calif.

My commission expires My Commission Expires June 18, 1945
(Seal)

Signed Mrs. Anna Struhs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

906 E. 85th St. Los Angeles California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Anna Struhs
(Signature of Any Credible Person Other Than Previous Year)

906 E. 85th St. Los Angeles California
(Street Address, City, State)

AUG 14 1942

NOV 22 1967

AUG 1 7 1942

419-101-033-463

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71198

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 44

FULL NAME OF CHILD John A. Marlow

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 1st. 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Marlow	FULL MAIDEN NAME	Myrtle Mock
RESIDENCE	Gilmore Idaho	RESIDENCE	Gilmore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Oklahoma
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Aug. 1st 1919 (Born alive or stillborn), at 9-45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)**

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed Aug 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1974

866-201
033-314

PLACE [redacted]

Form V. S. No. 11-C—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71199

County of ... [redacted] ...

City of ... [redacted] ...

No. ... St.

Hospital ...

Registration District No. ... File No. ...

Primary Registration District No. ... Registered No. 45

FULL NAME OF CHILD ...

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 1st 1919

FATHER		MOTHER	
FULL NAME	Clifford W. Hooper	FULL MAIDEN NAME	Cora Lambson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Huntington Utah	BIRTHPLACE	Oakley Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 5th Number of children of this mother now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Aug. 1st 1919 at 5-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

... 19...

Filed Aug 1919

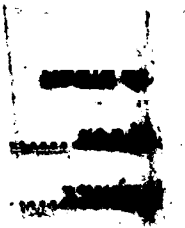
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



753-110-036569

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Ridgedale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 — File No. 71332

Primary Registration District No. 2069 — Registered No. 1

FULL NAME OF CHILD Percy Edward Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5	Yes	Jan (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis H Peterson	FULL MAIDEN NAME	Gertrude Norman
RESIDENCE	Ridgedale	RESIDENCE	Ridgedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Paradise Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M E Reese

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Samaria Idaho

Filed 7-20 1919 — D C Ray, Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1974

PLACE OF BIRTH

CERTIFICATE OF BIRTH,

STATE OF ~~UTAH~~ Idaho. 71333

County of Oneida

465-209.036154 Registration District No 26

Precinct of

Town or Village of Holbrook Primary Registration District No 2071 · Registered No 91

Street and No.

City of

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Idar Mary Monroe

If child is not yet named, make supplemental report as directed

Sex of Child	Twin, Triplet, or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth
Female	Now		Now	Yes	June [Month] 9 [Day], 1919 [Year]

FATHER		MOTHER	
FULL NAME	Cecil C. Monroe	FULL MAIDEN NAME	Edna Marie Anderson
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 [Years]	AGE AT LAST BIRTHDAY	24 [Years]
BIRTHPLACE	Point Pleasant W.Va.	BIRTHPLACE	Richmond Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of Child of this Mother 1

Number of children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on June 9th 1919 at 1:20 a.m.

Premature No or Still Birth No (Yes or No)

[Signature] [signature] M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 8/4 1919

[Physician or Midwife]

Address of Physician or Midwife [signature]

Filed 7-15 1919

[signature] REGISTRAR.

Registered No.

Give name added from supplemental report

19

REGISTRAR.

Required to Report Births

1945 6 [illegible]

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately re the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwif certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it sh duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institutio the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, g from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants nected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such i as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or t local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted witho tory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specifi 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, household the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, re for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered nu make a copy of the original certificate for your local record. If the name of the child is not reported give the person the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the sup report of name of child has not yet been filed, send the certificate and forward the later report as soon as received a ing name or other fact on your copy. If the child died before being named, the report should be made with the "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confi any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who sh or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be dee of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisi Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the i and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of meanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundr

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of H

55-1-11-036-263

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71339

Primary Registration District No. 2069 Registered No. 2

FULL NAME OF CHILD CHESTER EVAN Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1-11-19

FATHER		MOTHER	
FULL NAME	Evan J. Evans	FULL MAIDEN NAME	Clara Bolingbroke
RESIDENCE	Malad	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 6 50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad Idaho

Filed 1-20 1919 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 71559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Chester Evan Evans (Name on Original Certificate) who was born (Was Born or Died) on Jan. 11, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Chester Evan Evans

Subscribed and sworn to before me this 1st. day of September, 19 42

Notary Public, residing at Malad, Idaho.

My commission expires April 29, 1944
(Seal)

Signed Evan J Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st. day of September, 19 42.

Notary Public, residing at Malad, Idaho.

My commission expires April 29, 1944.
(Seal)

Signed A V Edwards
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho.
(Street Address, City, State)

SEP 2 1942

SEP 3 1942

SEP 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71340

County of Oneida

City of Malad

Registration District No. 26

File No.

No. [illegible] St.

Primary Registration District No. 2069

Registered No. 3

Hospital

FULL NAME OF CHILD Clara Marie Lahey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 14 1919

FATHER		MOTHER	
FULL NAME	Ralph J Lahey	FULL MAIDEN NAME	Alma A Fenton
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ida	BIRTHPLACE	Colorado
OCCUPATION	Government Service	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) J F Alton
Physician
(Physician or midwife)

Address Malad

Filed 2-1 1919 D C Ray
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. —

..... 19.....

.....
Registrar

8-Y-CO 38071

FEB 23 1943

FEB 23 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-217-036-219

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71342

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 5

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Laurence L Anderson	FULL MAIDEN NAME	Elizabeth B. Barnett
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Government service	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

(Signature) J F Alton

Physician (Physician or midwife)

Address Malad

Filed 2-1 1919 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

244-117-036-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71343

County of Oneida

City of Malad

Registration District No. 26

File No.

No. ..... St.

Primary Registration District No. 2069

Registered No. 6

Hospital

FULL NAME OF CHILD Khalil McKay Budge

Sex of Child M

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1-17-19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Budge	FULL MAIDEN NAME	Winifred McKay
RESIDENCE	Malad	RESIDENCE	
COLOR	Wh	COLOR	wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 2-1 1919 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942

847-220-036-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71344

County of Oneida

City of Samaria

Registration District No. 26

File No.

No. ..... St.

Primary Registration District No. 2069

Registered No. 7

Hospital

FULL NAME OF CHILD Norma Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fe		yes	1-20-19

FATHER		MOTHER	
FULL NAME	Rowland Hughes	FULL MAIDEN NAME	Florence Tongut
RESIDENCE	Samaria Idaho	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S C Kay MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 1-23 1919

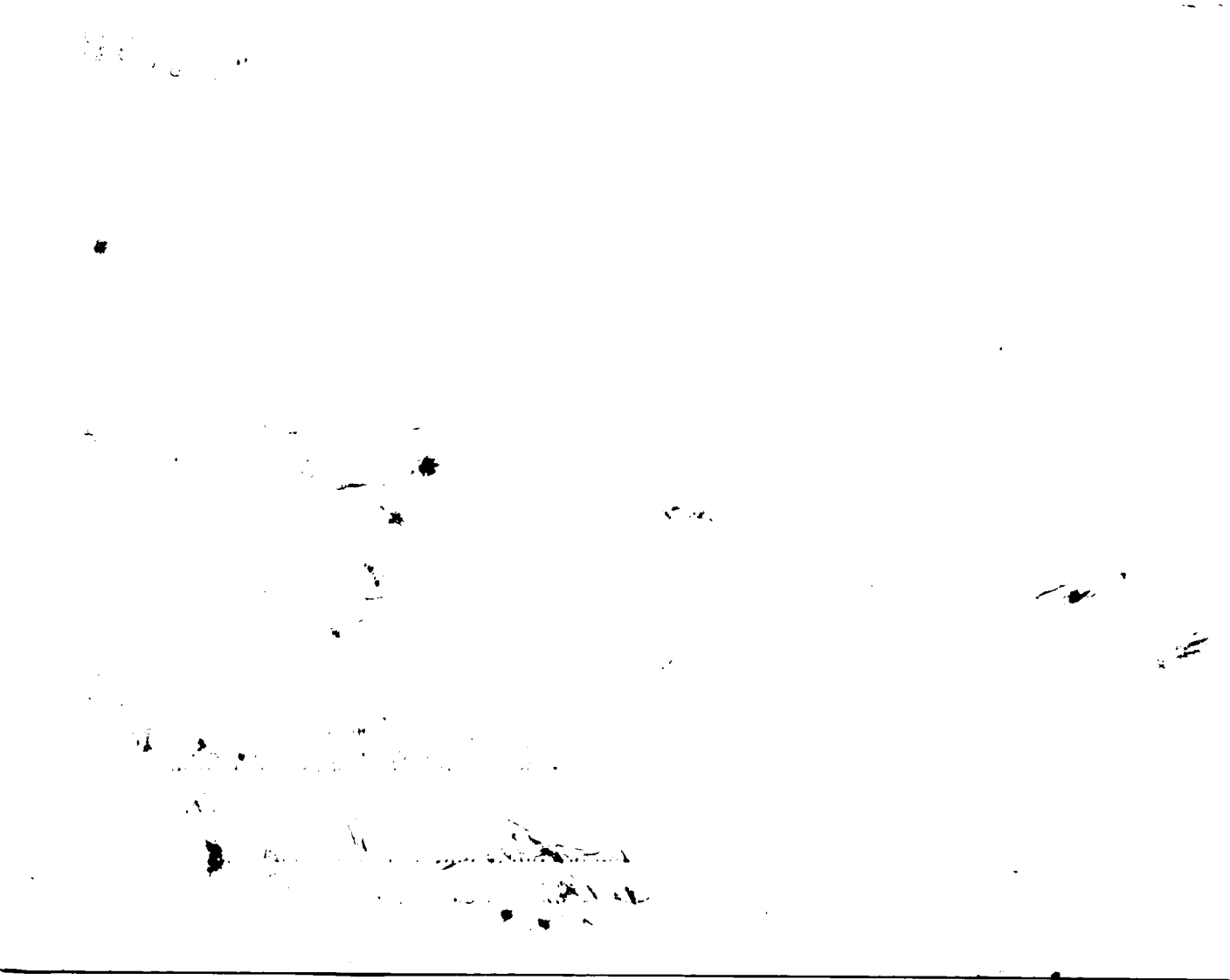
S C Kay
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

697220-036-514

PLACE OF BIRTH amended 5/15/80

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Samaria

Registration District No. 26

File No. 71345

No. ..... St.

Primary Registration District No. 2069

Registered No. 8

Hospital .....

FULL NAME OF CHILD Margie LeVeta Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		4	yes	Jan 2d 191 9

FATHER		MOTHER	
FULL NAME	David J. Williams	FULL MAIDEN NAME	Essie Nunez
RESIDENCE	Daniels Ida	RESIDENCE	Daniels Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2,200 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

(Physician or midwife)

Address Samaria

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-20 19 D Ray Registrar

3-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FR 11 12 52 PM '80

State of Utah
County of Box Elder } ss.

Certificate No. 71345
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margery Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 20, 1919 (Date of Event)

in Samaria (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Margery Williams	Margie La Veta Williams

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Margie N. Atkinson
Signature of Applicant

Rt #1 Box 106 Garland, Utah 84312
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1980.

Notary Public, Spencer Redmond

Residing at Garland Utah

My commission expires Nov 15 1981

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible record of David Joseph Williams and Essie Katherine Munsellgives child's namas Margie LaVetta Williams born Jan 20, 1919 at Samaria, Idaho. viewed by V. S.

MAY 15 1980

Marrige Certif from Utah gives names as Leroy Alfred Atkinson and Margie Laveta Williams. dated Apri 8, 1960. viewed by V. S.

155-225-0236-357

Amended 10-18-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71346
Local Reg. No. 9
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Martha b. (Middle): Faye c. (Last): Jenson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 25, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Elmo b. (Middle): C. c. (Last): Jenson

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): c. (Last): Leatham

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. F. Alton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-2-1919

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 15 1967
Bureau of Vital Statistics

State of Idaho
County of Oneida } ss.

Certificate No. 71346

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Jenson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 26, 1919 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha Faye Jenson
Child's Date of Birth	Jan. 26, 1919	January 25, 1919

Subscribed and sworn to before me this 13 day of June, 1967

Colen H. Sweeten Jr.

~~Notary Public~~, residing at Clerk of the district court

My commission expires

(Seal)

Signed Mary Jenson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

So. Main Malad, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of June, 1967

Colen H. Sweeten Jr.

Notary Public, residing at Clerk of the district court

My commission expires

(Seal)

Signed Le Roy Jenson

(Signature of Any Credible Person)

26 Reynolds St. Malad, Idaho

(Street Address, City, State)

FORM DN 60-155 CL 5-1-67. nm

Family Record, gives full name as Martha Faye Jenson, born Jan. 25, 1919 at Malad, Idaho - born to Elmo Carlos and Mary Leatham Jenson - viewed by V.S.

Application to the New York Life Insurance Co., June 16, 1948 at Albion, Idaho gives full name as Fay J. Williams, born Jan. 25, 1919 at Malad, Idaho-beneficiaries are given as Joe L. Williams, husband son and Mary L. Jenson, mother - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #356918 gives full maiden name of mother as Martha Faye Jenson - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71346

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 9

FULL NAME OF CHILD _____

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elmer C Jenson	FULL MAIDEN NAME	Mary Leatham
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19____

Filed 2-2 1919 D. G. Ray

Registrar Registrar

S-Y-CO 38071

OCT 13 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-22 8036-815

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71347

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 10

FULL NAME OF CHILD Stanley Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	1-28-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Carlson	Erma Hansen
RESIDENCE	Samaria	same
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Samaria	Utah
OCCUPATION	laborer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Clay M.D.

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-31 19

D. C. Clay

Registrar

S 59-230-036-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71348

County of Oneida

City of Malad
Amended 6-17-81

No. ..... St.

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 11

Hospital .....

FULL NAME OF CHILD Verna Nielsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	1-30-19

FATHER		MOTHER	
FULL NAME	Curtis Nielsen	FULL MAIDEN NAME	Ivy Lusk
RESIDENCE	Malad RFD	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed F-1 19 9

D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-6-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 22 9 26 AM '81

State of _____ } ss.
County of _____

Certificate No. 71348
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Neilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-30-19 (Date of Event)
in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Neilson	Verna Nielsen
fathers last name	Neilson	Nielsen

Subscribed and sworn to before me this 6 day of April 1981.
Notary Public, _____
Residing at OGDEN, UTAH
My commission expires 10/15/83
(Seal)

Verna Nielsen Darrow
Signature of Applicant
Route 3 Buhl, Idaho 83316
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of April 1981.
Notary Public, _____
Residing at OGDEN, Utah
My commission expires 10/15/83
(Seal)

Martha L Evans
Supporting Signature
2550 No. 325 E. #13 Ogden, Utah 84404
Street Address, City, State

1 cc 1 card pd

Family Register gives name as Verna Nielsen - born January 30, 1919, to Curtis Nielsen and Mary Ivy Lusk Nielsen. Recorded Sept. 1942, at Malad Idaho.
Viewed by V. S.

JUN 17 1981

Public School Diploma, gives name as Verna Nielsen graduated April 21, 1933, from Oneida County Public Schools.
Viewed by V. S.

275-230-D36-689

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71349

Primary Registration District No. 2069 Registered No. 12

FULL NAME OF CHILD HAZEL LORENE SPENCER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 30 1919

FATHER		MOTHER	
FULL NAME	W. Walter Spencer	FULL MAIDEN NAME	Amelia L. Whitehead
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive at 12:15 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. F. Alton

J. Spencer
(Physician or midwife)

Address Malad

Filed 2-1 19 19 D C Ray
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 71349

State of Idaho, } ss.
County of Oneida }

JUN 25 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Hazel Lorene Spencer (Name on Original Certificate) who was born (Was Born or Died) on January 30th 1919 (Date of Event)

in Malad, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on June 23rd 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hazel Lorene Spencer

Subscribed and sworn to before me this 23rd day of June, 19 43.

M. E. Thomas

Notary Public, residing at Malad, Idaho,

My commission expires Jan. 25th 1945,

(Seal)

Signed William W Spencer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 19 43.

M. E. Thomas

Notary Public, residing at Malad, Idaho,

My commission expires Jan. 25th 1945,

(Seal)

Signed Amelia W. Spencer

(Signature of Any Credible Person Other Than Previous Year)

Malad Idaho

(Street Address, City, State)

JUN 28 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

933-205-036257

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71350

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 13

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feby 5 1919

FATHER		MOTHER	
FULL NAME	David F Illum	FULL MAIDEN NAME	Nellie Beard
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Malad	BIRTHPLACE	Wales
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19__

Filed 3-1 1919 D. C. Ray

Registrar Registrar

S-Y-CO 38071

815-107-076-155

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-15

Registration District No. 24

Primary Registration District No. 2069

File No. 71351

Registered No. 14

FULL NAME OF CHILD Leo Fredrick Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feby 7 1919

FATHER		MOTHER	
FULL NAME	Leo Hanson	FULL MAIDEN NAME	Mame Jensen
RESIDENCE	Ridgedale	RESIDENCE	Ridgedale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Utah
		OCCUPATION	Housework

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed 2-1 1919 J. L. Ray Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 17 12 55 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 71351

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hanson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 7, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Hanson	Leo Fred Hanson

Subscribed and sworn to before me this 15th day of May, 19 76

Dorothy L Owens
Notary Public, residing at Blackfoot, Idaho
My commission expires 10-1-77
(Seal)

Signed X Vic J Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2341 Madison #6, Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of May, 19 76

Dorothy L Owens
Notary Public, residing at Blackfoot, Idaho
My commission expires 10-1-77
(Seal)

Signed X Leo D. Hill
(Signature of Any Credible Person)

963 Custer, Ogden Utah
(Street Address, City, State)

FORM DH 60-155

CL 5/11/76 lcc pd. rec. #13734

Rush

Certificate of Blessing certifies that Leo Fredrick Hanson was born to Leo Hanson and Merle Jensen on Feb. 7, 1919 at Malad, Idaho and Blessed May 4, 1919 in L.D.S.Church
Viewed by V.S.

MAY 17 1976

Honorable Discharge issued by U. S. Navy onNove. 1945. gives name as Leo Fredrick Han Hanson Born Feb. 7, 1919 at Malad, Idaho. Entered May 16, 1945.
Viewed by V S

666-10

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-5-25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71352

Registration District No. 26 File No. ____

Primary Registration District No. 2069 Registered No. 15

FULL NAME OF CHILD Lea Walton Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James C Wood	Renatta W Walton
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) J F Alston

(Physician or midwife)

Address Malad

Filed 3-1 1919 D S Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

719-1081036-165

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71353

Primary Registration District No. 2069 Registered No. 16

FULL NAME OF CHILD WILLARD J. PARKES

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feby (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Willard M Parkes	FULL MAIDEN NAME	Eliza J Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Malad
OCCUPATION	Minnesota	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 3-1 1919 D Ray

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan } ss.
County of Sanilac }

Certificate No. 71353

Date Filed April 7-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 8. 1919 (DATE OF EVENT)
in Malad Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed	Willard J. Parkes

Subscribed and sworn to before me this 7th day of April 1942

Signed Eliza Parkes
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. H. Benedict
Notary Public, residing at Sandusky Mich.

My commission expires Nov. 21 - 1944

276 So Elk Sandusky Michigan
(STREET ADDRESS, CITY, STATE)

(SEAL) Notary Public, R. H. Benedict

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Sanilac }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April 1942

Signed Willard Parkes SR.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R. H. Benedict
Notary Public, residing at Sandusky Michigan

My commission expires Nov. 21 - 1944

276 S Elk Sandusky Mich
(STREET ADDRESS, CITY, STATE)

(SEAL) Notary Public, R. H. Benedict

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

433-210-236-595

PLACE OF BIRTH.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

Amended 7/24/78

City of Malad

Registration District No. 26

File No. 71354

No. _____ St.

Primary Registration District No. 2069

Registered No. 17

Hospital _____

FULL NAME OF CHILD Anna McClurg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feby (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John O McClurg	FULL MAIDEN NAME	Katie S Nielsen
RESIDENCE	Malad	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Freight Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19____

Filed 3-1 1919 D Clay

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 10 8 20 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 71354

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed McClurg (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 10, 1919 (Date of Event)

in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Anna McClurg

Subscribed and sworn to before me this 9th day of May, 1978

Notary Public, residing at Northridge, Calif.

My commission expires November 4, 1979

(Seal)

Signed Lois Grubbs

(Signature of parent or attendant if correcting a birth record; of ~~attendant, funeral director, informant if correcting~~ a death record; or other credible person.)

15120 Monte Sylmar Ca. 91342

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.

County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 1978

Notary Public, residing at Northridge, Calif.

My commission expires .....

(Seal)

Signed Shirley B Shannon

(Signature of Any Credible Person)

18111 Nordhoff St. Northridge CA 91330

(Street Address, City, State)

OFFICIAL SEAL
VIRGINIA C. LEONARD
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires November 4, 1979

Virginia C. Leonard CL 4/25/78

FORM DH 60-155

Insurance policy from Metropolitan Life Insurance Co gives name zas Anna McClurg. dated Aug 27, 1928. age 10 years. Policy No. 33874029. viewed by V. S.

JUL 25 1978

Marriage Certificate from Utah for Verl Hayward Rasmussen and Anna McClurg. July 3, 1940. viewed by V. S.

SSI-111-0 36-389

PLACE OF BIRTH

Amended 4-10-81

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71355

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 18

FULL NAME OF CHILD ..... Keith Edward Evans

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	2 - 11 - 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm E Evans	Elizabeth Chows
RESIDENCE	Malad	Malad
COLOR	wh	wh
AGE AT LAST BIRTHDAY	27 (Years)	27 (Years)
BIRTHPLACE	Ida	Ida
OCCUPATION	Creamery Mgr	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray MD

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-13 19 19 D. C. Ray

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1965

2-17-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Oneida } ss. MAR 6 8 02 AM '81

Certificate No. 71355
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Bill Evans (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-11-19 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Bill Evans	Keith Edward Evans

Subscribed and sworn to before me this 27th day of February, 1981.

Notary Public, Sandra J. Jones
Residing at Malad City, Idaho
My commission expires 9-26-81
(Seal)

Keith L Evans
Signature of Applicant
196 N. Main Malad Idaho 83252
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Oneida } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1981.

Notary Public, Sandra J. Jones
Residing at Malad City, Idaho
My commission expires 9-26-81
(Seal)

W E Evans
Supporting Signature
198 No. Main Malad, Idaho
Street Address, City, State

lcc pd

Certificate of birth issued by Church - gives name as Keith Edward Evans, born Feb 11, 1919, in Malad, to Wm. & Elizabeth Chivers. Recorded May 4, 1919.
APR 10 1981
Viewed by V. S.
Family Record gives name as Keith Edward Evans born Feb 11, 1919 to Wm E. Evans & Elizabeth Chivers. Record Rd. Jan 5, 1966.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

316-245-236-373

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 71356

Primary Registration District No. 2069 Registered No. 19

FULL NAME OF CHILD FAY EFFIE LAWS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feby 15 1919

FATHER		MOTHER	
FULL NAME	Joseph W Laws	FULL MAIDEN NAME	Effie M Call
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 3-1 1919 L Kay

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 71556

JUN 14 1943 - Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Fay Effie Laws (Name on Original Certificate) who Born (Was Born or Died) on Feb. 15 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fay Effie Laws

Subscribed and sworn to before me this 11th. day of June 1943

Edward Woozley.

Notary Public, residing at Malad, Idaho

My commission expires November 10, 1944

(Seal)

Signed Joseph H. Laws
(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937, Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th. day of June 1943

Edward Woozley

Notary Public, residing at Malad, Idaho

My commission expires November 10, 1944

(Seal)

Signed Mrs Lizzie Anderson
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho
(Street Address, City, State)

DEC 7 1959

JUN 7 1943

JAN 7 1952

4444 17 036-415

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71357

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 20

FULL NAME OF CHILD Joseph Wayne Dudley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	2-17-19

FATHER		MOTHER	
FULL NAME	Joseph Dudley	FULL MAIDEN NAME	Barbara Davis
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-22-19 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519.21.036955

PLACE OF BIRTH

Form V. S. No. 11-G—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71358

County of Oneida

City of Holdbrook

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2071 Registered No. 21

Hospital

FULL NAME OF CHILD Ruth Earl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 17 1919

FATHER		MOTHER	
FULL NAME	Joseph W. Earl	FULL MAIDEN NAME	Charlott Reed
RESIDENCE	Holdbrook Idaho	RESIDENCE	Holdbrook Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. John Schuldt

Midwife (Physician or midwife)

Address Roy, Idaho

Given names added from a supplemental report.

19

Registrar

Filed March 14 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71359

PLACE OF BIRTH

165-122-036-85

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 22

FULL NAME OF CHILD Fredrick George Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick A Jones	FULL MAIDEN NAME	Evelyn M Hanson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Machanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A M. on the date above stated.

(Signature) J. F. Alton

Physician (Physician or midwife)

Address Malad

Filed 3-1 1919 D. C. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y-CO 38071

1. PLACE OF BIRTH

County of Oneida

City of Malad

No. St. JUL 14 1941

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7135

Registration District No. 26 State File No.

Prim. Registration District No. 2069 Local Registrar's No. 22

2. FULL NAME OF CHILD Fredrick George Jones

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth Feb 22, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fredrick R Jones	18. Full maiden name Evelyn M. Hanson
10. Residence (usual place of abode) (If non-resident, give place and State) Malad Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Malad Ida
11. Color or race W | 12. Age at last birthday 29 (years)	20. Color or race W | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Malad, Ida	22. Birthplace (city or place) (State or Country) Malad, Ida
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. m. on the date above stated (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. F. Alton, M. D.

or ____, Midwife

Address Malad, Ida

Give name added from a supplemental report ____ (Date of)

Filed Mar 1st, 1919 D. C. Ray Registrar.

Registrar.

A true Copy — Oct 27, 1937 — M. J. Kerns Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(57)23.036-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71360

County of Nerda

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 20

Hospital

FULL NAME OF CHILD ~~Thomas S~~ Samuel L. Jeppson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 23 1919

FATHER		MOTHER	
FULL NAME	Leland Jeppson	FULL MAIDEN NAME	Mary Thomas
RESIDENCE	Burst	RESIDENCE	Burst
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho

19

Filed 2-26 1919 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

813-125-036-253

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S.-N. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71361

Primary Registration District No. 2069 Registered No. 24

FULL NAME OF CHILD DANIEL CHARLES HALL

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feby 25 1919

FATHER	MOTHER
FULL NAME Richard L Hall	FULL MAIDEN NAME Mary A Beck
RESIDENCE Malad	RESIDENCE Malad
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Malad	BIRTHPLACE Malad
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A M. on the date above stated.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed 3-1 19 D Bay

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 36071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7136 I

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of 25 Feb 1919 Birth (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 25 Feb 1919. (DATE OF EVENT)
in Wood Co Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Daniel Charles Hall

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February, 1943

Richard K. Freeman
NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires August 1, 1944

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Lenora Hawkins
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

916 - 1st Street Hermosa Beach Cal.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 8 1943

593-125-036-214

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Roy

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2071

File No. 71362

Registered No. 25

FULL NAME OF CHILD Fred Reveen Eilers.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Feb. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John G. Eilers	FULL MAIDEN NAME	~~Charlot~~ Lottie ~~Barbary~~ Sadler
RESIDENCE	Roy Idaho	RESIDENCE	Roy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	German	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. John Schuldt
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roy Idaho

Filed March 14 1919

..... Registrar

L. C. Ray
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/7/41 L. B.

599-126-036-847

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71363

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 26

Primary Registration District No. 2069

File No. ____

Registered No. 26

FULL NAME OF CHILD Grover C Eriksen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Feb 26 1919

FATHER		MOTHER	
FULL NAME	Moronia Eriksen	FULL MAIDEN NAME	Jannett Hughes
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Brigham utah	BIRTHPLACE	Samaria Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.45 A.M. on the date above stated.

(Signature) Sarah A Hughes

Midwife (Physician or midwife)

Address Malad

Filed 3-25-19 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

299-127-036-719

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 71364

Primary Registration District No. 2069

Registered No. 27

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feby 27 1919

FATHER		MOTHER	
FULL NAME	John D Brighouse	FULL MAIDEN NAME	Iva M Parker
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P M. on the date above stated.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Filed 3-1 1919 D C Rey Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-127-036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71365

Primary Registration District No. 2069 Registered No. 28

FULL NAME OF CHILD Victor Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2-27-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter S Bowen	FULL MAIDEN NAME	Esther Thomas
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer & stock	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Kay MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malad Idaho

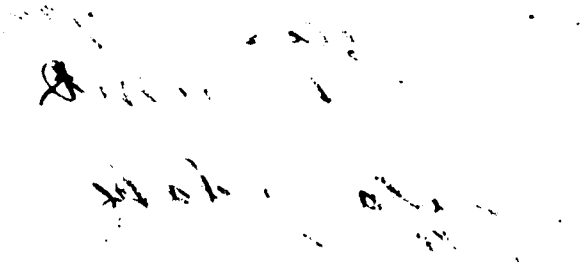
Filed 2-1 1919 S Kay Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 2 1976



165-127-036-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71366

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 29

FULL NAME OF CHILD William T. Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	2 - 27 1919

FATHER		MOTHER	
FULL NAME	Barney A Jones	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh AGE AT LAST BIRTHDAY 37 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 28 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D G Kay MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 2-28 1919 D G Kay

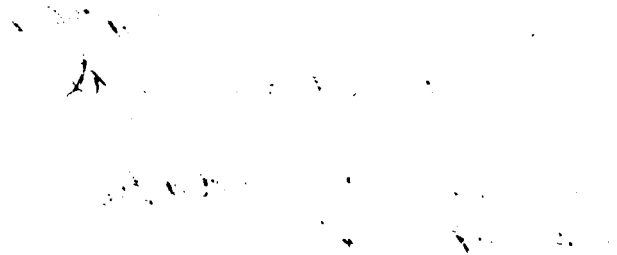
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



231-128103641 5

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71367

Primary Registration District No. 2069 Registered No. 30

FULL NAME OF CHILD Owen Stayner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	2-28 19

FATHER	MOTHER
FULL NAME Steven Stayner	FULL MAIDEN NAME Katherine Daniels
RESIDENCE Malad	RESIDENCE same
COLOR wh	COLOR wh
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 3-2 1919

D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1943

866-101-036-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71368

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 31

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 1 1919

FATHER		MOTHER	
FULL NAME	J Perry Howell	FULL MAIDEN NAME	Vada M Lusk
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Clifton	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19__

Filed 4-1 1919 D C Ray

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-101036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71369

Primary Registration District No. 2069 Registered No. 32

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben G Evans	Bell Thorpe
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Malad	Samaria
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed 4-1 19 19 D. C. Ray

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...SION RESERVED FOR BINDING

695-105-036-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71370

County of Oneida

City of Ridgedale

Registration District No. 26

File No.

No. ..... St.

Primary Registration District No. 2069

Registered No. 33

Hospital

FULL NAME OF CHILD Leland Joseph Winger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	6	yes	Mar 5 1919

FATHER		MOTHER	
FULL NAME	Joseph A. Winger	FULL MAIDEN NAME	Grace M. Bowen
RESIDENCE	Ridgedale Ida	RESIDENCE	Ridgedale Ut Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Hyrum Ut	BIRTHPLACE	Tooele Ut.
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary a Reese
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 4-20 1919 D. Day
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3
[illegible] 1943

955-207-036-123

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71371

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 34

FULL NAME OF CHILD Hazel Reese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 7 1919

FATHER		MOTHER	
FULL NAME	Lewis Reese	FULL MAIDEN NAME	Nettie M Alter
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Pocatello	BIRTHPLACE	Colo
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4-1 1919 L. C. Berry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

615-207-036-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71372

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 125

FULL NAME OF CHILD Emma Mastin Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	3-7-19

	FATHER	MOTHER
FULL NAME	Arsen Hancock	FULL MAIDEN NAME Emma Mae Gardner
RESIDENCE	Malad	RESIDENCE Logan
COLOR	wh	COLOR wh
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Section Foreman	OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-10 19 19 D C Ray Registrar

485-208-036-974

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 71373

Primary Registration District No. 2069

Registered No. 36

FULL NAME OF CHILD Kiyoko Iguana

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	2 (Month) – 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Isome Uyuegsu	FULL MAIDEN NAME	Suzui Iguana
RESIDENCE	Malad	RESIDENCE	
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Beet Grower	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2 50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D G Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 3-11 1919

D G Ray
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-262569

753-209.036-819

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71374

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 37

FULL NAME OF CHILD Mazie Ila Pelton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Mar 9 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Ira A Pelton	FULL MAIDEN NAME Catherine Harrison
RESIDENCE Malad	RESIDENCE Malad
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Malad
OCCUPATION Linotype Operator	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1130 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I F Pelton

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-1 1919 D C Ray Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-211-036-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 71375

Primary Registration District No. 2069

Registered No. 38

FULL NAME OF CHILD Norma Hunsaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	3-11-1919

FATHER		MOTHER	
FULL NAME	Lorin Hunsaker	FULL MAIDEN NAME	Miller Camp
RESIDENCE	Malad	RESIDENCE	—
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Gray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 3-15-19 D. Gray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1959

177-212-236-417

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71376

County of Oneida

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 39

Hospital

FULL NAME OF CHILD Ilar Apgood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 12 1919

FATHER		MOTHER	
FULL NAME	Earl Apgood	FULL MAIDEN NAME	Dora Maxwell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Filed 4-1 1919

D. Ray

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-25-036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71377

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 40

FULL NAME OF CHILD ..... Elsie Lewis .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	3-15-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Lewis	Martha Thomas
RESIDENCE	Malad	—
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Clay M.D.

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-18 1919

D. Clay

Registrar

556-115-036-952

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71378

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 41

FULL NAME OF CHILD ..... Lloyd K. Newhouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	3-15-19

	FATHER	MOTHER
FULL NAME	Jacob Newhouse	FULL MAIDEN NAME Rosa Ruegsegger
RESIDENCE	Daniels	RESIDENCE same
COLOR	wh	COLOR wh
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE Switzerland
OCCUPATION	farmer	OCCUPATION

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Hay M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-18 19 D C Hay Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-218-036-819

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71379

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 4V

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth March 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morgan T Cones	FULL MAIDEN NAME	Rose Harris
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Malad

Filed 4-1 1919 D C Ray Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

168-221-036-693

[illegible]

[illegible]

[illegible]

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26

File No. 71380

No. ..... St.

Primary Registration District No. 2069

Registered No. 43

Hospital .....

FULL NAME OF CHILD Sarah John

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	4	yes	Mar 21 1919

FATHER		MOTHER	
FULL NAME	David John	FULL MAIDEN NAME	Mattie Williams
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1300 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Rose

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 4-20 1919 D. Clay

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1969

APR 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 236-223-236-469

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71381

Primary Registration District No. 2069 Registered No. 44

FULL NAME OF CHILD ..... Lydia Stocking .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	3-23-19

FATHER		MOTHER	
FULL NAME	Angus Stocking	FULL MAIDEN NAME	Nellie Morgan
RESIDENCE	Malad	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	XXXXXXXXXX England
OCCUPATION	stock-man	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4:50 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-25 1919

D C Ray Registrar

T1561

ted States (Be sure the information is as of date of birth of THIS child) State File No.
partment of Commerce OCT 7 1941 CERTIFICATE OF BIRTH Local Reg. No.
reau of Census STATE OF IDAHO Reg. Dist. No.

RECEIVED

PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home all days time
IN THIS county 34 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Malad
3. RESIDENCE of FATHER (city, state) Malad

FULL NAME OF CHILD Lydia Stocking
5. Date of Birth (Month, day year) March 24-1919
Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
FULL NAME George Angus Stocking
Color or Race white, 12. Age at time of THIS birth 34 yrs.
Birthplace Germany Utah
(City or town) (State or foreign country)
Exact Occupation Storekeeper
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nellie Morgan
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4:02 P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lydia Stocking, who is
(First name) (Last name)
related to this child as mother
(Mother, etc.)

(a) 10-2-1941 (b) D C Ray
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature D C Ray M.D.
(D.O., Midwife, etc.)
and address Pocatello Date 10-2-1941

Given name added on by
(Registrar's signature)
Certificate dated 9-23-44. by 3-2044

OCT 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Name added 9-26 6 1h

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V-S. No. 11-C—25m-9-8-15

236-[illegible]-236-964

County of Oneida AMENDED FATHER'S BIRTH PLACE 10-23-98 MS

CERTIFICATE OF BIRTH

71382

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 45

Hospital

FULL NAME OF CHILD George Milton Scott, Jr.

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mar 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George M Scott	FULL MAIDEN NAME	Naomi Roderick
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	SALT LAKE CITY, UTAH ~~Idaho Falls~~	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Filed 4-1 19 D. Ray

Registrar Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

10-7-98

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
98 OCT 22 AM 9:57

State of _____ } ss.
County of _____ }

Certificate No. 1919-71382
Date Filed APRIL 1, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for GEORGE MILTON SCOTT, JR. (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 27, 1919 (Date of Event)

in MALAD (ONEIDA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S BIRTH PLACE	IDAHO FALLS, IDAHO	SALT LAKE CITY, UTAH

Subscribed and sworn to before me this 20th day of October, 1998

Notary Public, Marylin R. Rose
Residing at 820 E 8080 So. Sandy Ut
My commission expires Oct 8, 2001 84094

(Seal)

MARYLN R ROSE
Notary Public
State of Utah
My Comm. Expires Oct 8, 2001
820 East 8080 South Sandy UT 84094

x [signature]
Signature of Applicant

x 7931 S 07th E SANDY UTAH 84070
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____

_____
Supporting Signature

_____
Street Address, City, State

(Seal)

2cc Credit

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 11/22/1916 FILE #1916-46567 SHOWS ALTHEA SCOTT BORN NOV. 21, 1916 IN MALAD CITY (ONEIDA) ID TO NAOMI RODERICK AND GEORGE MILTON SCOTT BORN IN SALT LAKE CITY, UTAH VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 4/3/1951 FILE #51-1035 SHOWS GEORGE MILTON SCOTT DIED MARCH 2, 1951 IN MALAD (ONEIDA) ID WAS BORN IN SALT LAKE CITY, UTAH VIEWED VS.

4-2-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 18 1986
Bureau of Vital Statistics Standards and Local Health Services

State of Utah
County of Salt Lake } ss.

Certificate No. 71382
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Scott (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 27, 1919 (Date of Event)
in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	George Milton Scott, Jr.

Subscribed and sworn to before me this 29th day of July, 1986.
Notary Public, [signature]
Residing at Salt Lake City, Utah
My commission expires 5-19-90
(Seal)

x George Milton Scott Jr.
Signature of Applicant
x 7951 So. 7th EAST SANDY, UTAH
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1986.
Notary Public, [signature]
Residing at Malad, Idaho
My commission expires 12/30/90
(Seal)

John J Roderick
Supporting Signature
R1 Malad Idaho
Street Address, City, State

1 cc pd

SEP 26 1986

Certificate of Ordination from LDS Church (Teacher)gives name as George M. Scott, Jr. born Mar. 27, 1919 in Malad , ID to George M. Scott, Sr. and Naomi Roderick. Ordained Sept. 09, 1934.
Viewed by V.S.

Record of Baptism from LDS Church gives name as George Milton Scott, Jr. born March 27, 1919 in Malad City, Idaho to George Milton Scott, Sr. and Naomi Roderick. Baptized Oct. 1, 1927.
Viewed by V.S.

212-228-1076-357

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

FULL NAME OF CHILD Florence Bell Babbitt

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71384

Registration District No. 24 File No. .....

Primary Registration District No. 2069 Registered No. 47

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 28 1919

FATHER	MOTHER
FULL NAME Thomas J Babbitt	FULL MAIDEN NAME Alice A Leavitt
RESIDENCE Malad	RESIDENCE Malad
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Albion
OCCUPATION Carpenter	OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Filed 4-1 1919 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 26071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 25 1942

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate*
	(To be answered only in event of plural births)			

Date of Birth ..... 191 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... M. on the date above stated.

(Born Alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

Address .....

..... 19 .....

Filed ..... 19 .....

Registrar Registrar

E.V.CO. 38073

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child, a separate birth, stated in order of birth, must be made for each and the number

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V19-228-036-356

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 5-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71385

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 48

FULL NAME OF CHILD Edna Holly Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				yes	3 28 19

FATHER		MOTHER	
FULL NAME	Riley Alex Martin	FULL MAIDEN NAME	Edith Maud Tew
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-28 19 19

D C Ray

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 5-51

CERTIFICATE OF BIRTH

1961

MAKING A RESERVED FOR BINDING

DO NOT WRITE IN THIS SPACE

IN

285·109·036-735

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 71386

Primary Registration District No. 2069

Registered No. 49

FULL NAME OF CHILD Lawrence Neil Sheriff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Mar 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Everett C Sheriff	FULL MAIDEN NAME	Elizabett Gleed
RESIDENCE	Malad City Ida	RESIDENCE	Malad City Ida
COLOR	Whit	COLOR	Whit
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Grant Co K-Y	BIRTHPLACE	Malad Ida
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A Hughes

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Malad

Filed 4-20 1919 D C Bay Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

Amended 8/15/69

113-206-076-395

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71387
Local Reg. No.
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cederhill

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): LAURA b. (Middle): CAROLINE c. (Last): JACOBSON

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 6, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Aaron b. (Middle): C. c. (Last): Jacobson

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION:

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Melva b. (Middle): c. (Last): Cherry

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. F. Alton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED: 5-1-19

21. DATE REC'D BY LOCAL REG.: 5-1-19

22. REGISTRAR'S SIGNATURE: B. G. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

I.DAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 1 1 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 71387

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Laura C. Cherry Jacobson (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #name of child	Laura C. Cherry Jacobson	Laura Caroline Jacobson

Subscribed and sworn to before me this 29 day of July, 1969

Notary Public, residing at Eagle Idaho

My commission expires Sept. 28, 1972

(Seal)

X Signed Norman W. Beesley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1338 So. 8 West Salt Lake City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 in office 7-29-69

Certificate of Baptism and Confirmation gvies name as Laura Caroline Jacobson born Par. 6, 1919. Dated Feb. 5, 1928. Viewed by V. S.

Church record from LDS Church gives namea as Laura Caroline Jacobson Born Apr. 6, ~~1~~ 1919. Father- Aaron Jacobson Mother- Melva Cherry. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71387

Primary Registration District No. 2069 Registered No. 50

FULL NAME OF CHILD Laura C Cherry Jacobson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 6 1919

FATHER		MOTHER	
FULL NAME	Aaron C Jacobson	FULL MAIDEN NAME	Melva Cherry
RESIDENCE	Deceased	RESIDENCE	Cedarhill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	-	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19____

Filed 5-1 1919 D Clay

Registrar Registrar

S-Y-CO 38071

JUL 2 9 1968
AUG 1 5 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-111-

PLACE OF BIRTH

036-719

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF ID_____

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 71388

Primary Registration District No. 2069

Registered No. 57

FULL NAME OF CHILD Charles Welton Ward

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov 11 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Owen D Ward	FULL MAIDEN NAME Nellie Farry
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Malad	BIRTHPLACE Malad
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) J. F. Alton

Physician.

(Physician or midwife)

Address Malad

Filed 5-1 1919 D C Kay

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

APR 11 1945

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Oneida } ss.

Certificate No. 71388

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Welton Ward (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1919 (Date of Event)
in that date of birth (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on (continuous) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Charles Welton Ward
birthdate	Apr. 7	April 11 1919 ?

Subscribed and sworn to before me this 9th day of April 1945

Notary Public, residing at Malad City, Idaho

My commission expires Nov. 1, 1948

(Seal)

Signed Ellen O Ward Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April 1945

Notary Public, residing at Malad City, Idaho

My commission expires Nov. 1, 1948

(Seal)

Signed Owen D Ward
(Signature of Any Credible Person)

Malad City, Idaho
(Street Address, City, State)

APR 1 6 1945

415-20 8-036-749

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 2/27/75

State File No. 71389
Local Reg. No.
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ruth b. (Middle): c. (Last): Daniels

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 8, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Dan b. (Middle): O. c. (Last): Daniels

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Annie b. (Middle): c. (Last): Price

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
25 YEARS	Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. C. Ray, M. D.

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4-10-19

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
FEB 24 10 21 AM '75

71389

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Onida } ss.

Certificate No. 71289
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ann Daniels (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ann	Ruth

Subscribed and sworn to before me this 20th day of February, 19 75

Notary Public, residing at Malad, Idaho
My commission expires 12/15/77
(Seal)

Signed Annie Daniels
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
525 Bannock St. Malad, Idaho 83252
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Onida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 19 75

Notary Public, residing at Malad City Idaho
My commission expires 12/15/77
(Seal)

Signed Daniel O Daniels
(Signature of Any Credible Person)
525 Bannock St. Malad, Idaho 83252
(Street Address, City, State)

CL 1/31/75 1cc pd. RUSH

FORM DH 60-155

Record of Blessing from the LDS Church gives name as Ruth D. Hess born April 8, 1919 at Malad, Idaho. Blessed July 6, 1919. ~~[illegible]~~ Father's name as Daniel O. Daniels and mother's name as Annie Price. viewed by V. S.

~~[illegible]~~

Marriage record from Utah show Lyel Eldon Hess and Ruth Daniels were Sealed on July 20, 1965. married previousley on Dec. 22, 1937. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71389

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 52

FULL NAME OF CHILD Ann Daniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	4 - 8 1919

FATHER		MOTHER	
FULL NAME	Dan O Daniels	FULL MAIDEN NAME	Annie Price
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 4-10 1919 D C Ray

Registrar

Registrar

JAN 24 1975
FEB 27 1975

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799209.036-389

PLACE OF BIRTH

name added 1/9/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71390

County of Oneida

City of Malad

Registration District No. 26

File No.

No. ____ St.

Primary Registration District No. 2069

Registered No. 59

Hospital

FULL NAME OF CHILD LaPhane Price

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jenkin O Price	Sarah D Chivers
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Malad	Malad
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed 5-1 1919 D. Ray

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 26071

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Oneida } ss.

JAN 5 | 12 PM '81

Certificate No. 71390
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Price (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 9 1919 (Date of Event)

in Malad Idaho (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	LaPhane Price

Subscribed and sworn to before me this 29th day of December, 1980

Notary Public, Laura E. Crowther
Residing at Malad, Idaho
My commission expires Life
(Seal)

x LaPhane Hess
Signature of Applicant

x 260 N 200 W, Malad, Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of December, 1980

Notary Public, Laura E. Crowther
Residing at Malad, Idaho
My commission expires Life
(Seal)

Catherine P. Jones
Supporting Signature

402 Bannock St, Malad Ida
Street Address, City, State

12/22/80 (RUSH) One cc pd.

Driver's license from [illegible] Nevada dated May 6, 1938 gives name as Mrs. LaPhane Hess. No. 21108. Clark County. viewed by V. S.

JAN 9 1991

Marriage license [illegible] from Utah gives name as Norvel Hess and LaPhane Price married Dec 26, 1925. viewed by V. S

693-109-036-155

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71391

Registration District No. 26

File No. ____

Primary Registration District No. 2069

Registered No. 54

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Apr	9	1919

FATHER

FULL NAME Elvin R Williams

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Malad

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Annie Jenkins

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Malad

OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 0 M. on the date above stated.

(Signature) J F Alston

Physician

(Physician or midwife)

Address ____

Filed 5-1 1919 D C Ray

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-110-076-897

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71392

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 55

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	4 - 10 - 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Warner	FULL MAIDEN NAME	Alta Higgensen
RESIDENCE	Burist	RESIDENCE	Burist
COLOR	wh	COLOR	Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	farmers wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 4-12 1919 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-212-036-599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 71393

No. ..... St.

Primary Registration District No. 2069

Registered No. 56

Hospital .....

FULL NAME OF CHILD Amy Lawrence Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carado C. L. Williams	FULL MAIDEN NAME	Florence L Erickson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 5-1-19 D. C. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

V53-213-036-252

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Roy

No. ..... St.

Hospital .....

Registration District No. 26 File No. 71394

Primary Registration District No. 2071 Registered No. 57

FULL NAME OF CHILD Alice Lena Detzel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Martin Detzel	FULL MAIDEN NAME	Lena Mildred Kebel
RESIDENCE	Cedar Hill	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. John Schuldt

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roy Idaho

Filed 4-16 1919 D. C. Ray Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup. of 1919-292258

619-115-076-155

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71395

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 54

FULL NAME OF CHILD Charles Van Pelt Warner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	yes	1st	yes	4 15 19

FATHER		MOTHER	
FULL NAME	Isaac C Warner	FULL MAIDEN NAME	Luella Jenkins
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Utah
OCCUPATION	poultryman	OCCUPATION	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formalin (Born alive or stillborn) at 5-0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-18 19 19 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1942

619.215.036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71396

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 59

FULL NAME OF CHILD ..... Margaret Warner

Sex of Child f | Twin, Triplet or other? yes | and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4-15-19 (Month) (Day) (Year)

FATHER

FULL NAME Isaac V Warner

RESIDENCE Malad

COLOR wh AGE AT LAST BIRTHDAY 58 (Years)

BIRTHPLACE Penn

OCCUPATION poultry man

MOTHER

FULL MAIDEN NAME Luella Jenkins

RESIDENCE same

COLOR wh AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-15-19 D C Ray

Registrar

JUL 5 1952

1954

1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-213036-799

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71397

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 60

FULL NAME OF CHILD ELIZABETH WALDRON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 13th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter A Waldron	FULL MAIDEN NAME	Amelia M Griffith
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 515 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19 .....

Filed 5-1 1919 D Ray

Registrar

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 71597

State of Idaho }
County of Oneida } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Elizabeth Waldron who Born on April 13, 1919
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Malad are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Bible Record prepared on July 6 1919, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth Waldron
Date	April 15th	April 13, 1919

Subscribed and sworn to before me this 6th
day of June, 1942 D. O. Jones
John N. McAllister by Deputy
Notary Public, residing at Malad, Idaho
My commission expires Clerk of the District Court
(Seal)

Signed Amelia Waldron
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Oneida } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of June, 1942 D. O. Jones
John N. McAllister by Deputy
Notary Public, residing at Malad Idaho
My commission expires Clerk of the District Court
(Seal)

Signed Stanley Reese
(Signature of Any Credible Person Other Than Previous Year)

Samaria Idaho
(Street Address, City, State)

MAY 13 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

719-(215)036-165

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71398

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 61

FULL NAME OF CHILD MILDRED LaDEAN PARRY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Parry	FULL MAIDEN NAME	Mary M Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 5-1 1919 D Kay

Registrar Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 71398

State of Idaho }
County of Oneida } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on April 15th, 1919 (Date of Event)
in Malad, Idaho, Rte.#1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred LaDean Parry

Subscribed and sworn to before me this 26th
day of April, 1943.
Ina W. Clark
Notary Public, residing at Malad, Idaho
My commission expires June 11th, 1944
(Seal)

Signed Mary Mildred Parry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of April, 1943.
Ina W. Clark
Notary Public, residing at Malad, Idaho
My commission expires June 11th, 1944
(Seal)

Signed Edward Woolley
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho
(Street Address, City, State)

APR 28 1943

JUL 29 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2

71399

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 62

FULL NAME OF CHILD Pearl Joyce Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	4 - 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Christensen	FULL MAIDEN NAME	Joyce Pierson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	..... (Years)
BIRTHPLACE	~~Utah~~ Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Gray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 4-16 1919 D Gray

Registrar

Registrar

APR 17 1942

JUN 21 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.[illegible] [illegible]-C-[illegible]-8-8-17

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 619-219-036-419

County of Canada

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 71400

Registered No. 63

FULL NAME OF CHILD Artice Marie Warren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Larry C. Warren	FULL MAIDEN NAME	Myrtle Marston
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Blackfoot Ida	BIRTHPLACE	Weston Ida
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Elton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malad

Filed 5-1 1919 D. C. Ray Registrar

[redacted]

MAY 25 1970

DOBIT

JUN 26 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. RECEIVED Certificate No. 71400

County of Clark JUN 11 1970 Date Filed 6/9/70

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Warren (Name on Original Certificate) was born (Was Born or Died) on Apr. 19, 1919 (Date of Event) in Malad, IDaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Warren	Artice Marie Warren

Subscribed and sworn to before me this 9th day of June 19 70

Signed Maude L. Wilson Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Camas Wash.

My commission expires 7/31/72

(Seal)

3291 J St. Washougal. Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June 19 70

Signed Rosa Shurb Friend
(Signature of Any Credible Person)

Notary Public, residing at Camas

My commission expires 7/31/72

(Seal)

Rt. 2 Box 505 Washougal. Wash.
(Street Address, City, State)

CL 5/25/70 nm

FORM DH 60-155

Family Bible record gives name as Artice M. Warren. Born Apr. 19, 1919 at Malad Idaho. Husband's name as John L. McDowell. Born Dec. 17, 1914 at Haverhill, Kansas. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives child's name as Artice Marie McDowell daughter of Perry Edward Warren and Myrtle Eulalia Warston. Born April 19, 1919. Was Baptized Aug. 7, 1949 and confirmed Aug. 10, 1947. Viewed by V. Signed by. Melvin T. Corden, Bishop.

133-121-036-419
PLAC M

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71401

County of Oneida

City of Ridgedale

No. ..... St.

Hospital .....

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 64

FULL NAME OF CHILD Earl Marcus Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Spencer F. Allen	FULL MAIDEN NAME	Sarah G. Darley
RESIDENCE	Ridgedale Ut	RESIDENCE	Ridgedale Utah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Hyrum Ut.	BIRTHPLACE	Wellsville, Ut.
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Rose

midwife (Physician or midwife)

Address Samaria

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 5-18 1919

D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

246-121-036-932

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 71402

Primary Registration District No. 2069

Registered No. 65

FULL NAME OF CHILD Henry H. Kuwabara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M Kuwabara	FULL MAIDEN NAME	Ikuno Ichikawa
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Beet Growing	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

1 Photostat - 7-22-46

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1030 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 5-1 1919

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 22 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. 815-122-036-9712 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71403

Registration District No. 26 File No.

Primary Registration District No. 2069 Registered No. 66

FULL NAME OF CHILD KHALIL VAUGHN HANSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sylvester O Hansen	FULL MAIDEN NAME	Mary E Rasmusen
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Registrar

Filed 5-1 1919 D C Ray Registrar

K

JAN 5 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 71403

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Khalil Vaughn Hansen

Subscribed and sworn to before me this 24th
day of January, 1945

Notary Public, residing at Malad Idaho

My commission expires My Commission Expires February 25th, 1946
(Seal)

Signed Mary P. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 8 1915

469-224-036-155

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71404

Primary Registration District No. 2069 Registered No. 67

FULL NAME OF CHILD Delma Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	4 - 24 1919

FATHER		MOTHER	
FULL NAME	Ralph V. Morgan	FULL MAIDEN NAME	Manilla Jenkins
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 5-1 1919 D Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

794-128-1036-968

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71405

Primary Registration District No. 2069 Registered No. 68

FULL NAME OF CHILD JOHN ALBERT GRUNDER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr 28 1919

	FATHER	MOTHER
FULL NAME	John Grunder	Mabel Rohwer
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Switzerland	Utah
OCCUPATION	Carpenter & Joiner	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, born alive (Born alive or stillborn) at 2.2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Elton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 1919 D. C. Ray Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Lincoln } ss.

Certificate No. 71405

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Grunder (Name on Original Certificate) who born (Was Born or Died) on April 28, 1919 (Date of Event)
in Malade, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Albert Grunder

Subscribed and sworn to before me this 27th day of July, 1942.

H. J. Connelly
Notary Public, residing at Hawthorne Nevada

My commission expires June 10, 1946
(Seal)

Signed (Bohner) Mrs Mable A Grunder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hawthorne Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Lincoln } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 1942.

H. J. Connelly
Notary Public, residing at Hawthorne Nevada

My commission expires June 10, 1946
(Seal)

Signed John Grunder
(Signature of Any Credible Person Other Than Previous Year)

Hawthorne, Nev.
(Street Address, City, State)

AUG 1 1942

JAN 29 1981

AUG 5

JUN 21 1944

386-229-036-753

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71406

County of Oneida

City of Malad

Registration District No. 26

File No.

No. ..... St.

Primary Registration District No. 2069

Registered No. 69

Hospital .....

FULL NAME OF CHILD Phyllis Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 29 1919

FATHER		MOTHER	
FULL NAME	Seth Thomas	FULL MAIDEN NAME	Julia Peck
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 5-1 1919 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255·102·036-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71407

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 70

FULL NAME OF CHILD .....

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	Yes	May 2 1919

FATHER		MOTHER	
FULL NAME	Jesse J Kent	FULL MAIDEN NAME	Flossie A Wilson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 6-1 1919 D Gray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1995

255·202·036-693

name added 11-30-81

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71408

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 71

FULL NAME OF CHILD Leona Kent

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Female	Two (To be answered only in event of plural births)	Yes	May 2 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Jesse J Kent	FULL MAIDEN NAME	Flossie A Wilson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 9:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-1 1919 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
NOV 23 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 71408
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kent (Oneida) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 2, 1919 (Date of Event)

in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Leona Kent

Subscribed and sworn to before me this 17 day of July, 1981

Notary Public, Bonnie L Flandes
Residing at Layton Ut
My commission expires _____
(Seal)

x Leona Kent Jorgensen
Signature of Applicant

x 1346 Marilyn Dr
Street Address, City, State
Layton, Utah 84041

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

cl 4/18/81

NOV 3 0 1981

Diploma from Malad High school, Malad City, Idaho gives name as Leona Kent. dated May 25, 1939. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Leona Kent Jorgensen daughter of Jesse James Kent and Florence (Flossie) Wilson. born May 2, 1919 in Elkhorn, Idaho. Baptized Feb 1, 1941. viewed bvy V. S.

493-207.036-557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71409

Primary Registration District No. 2069 Registered No. IV

FULL NAME OF CHILD Zelma Mitchell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	5 3 19

FATHER		MOTHER	
FULL NAME	Arthur Mitchell	FULL MAIDEN NAME	Gynor Evans
RESIDENCE	Daniels	RESIDENCE	same
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 15 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-3-19 D C Ray Registrar

342-206-036-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 71410

Primary Registration District No. 2069

Registered No. 73

FULL NAME OF CHILD Helen Luker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 5 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Luker	FULL MAIDEN NAME	Alice Kynaston
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 1/2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D G Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 5-10 1919 D G Ray

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-211-036-413

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71411

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 74

FULL NAME OF CHILD June Facer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	6 11 1914

FATHER	MOTHER
FULL NAME Alma Facer	FULL MAIDEN NAME Rozella Dalton
RESIDENCE Malad	RESIDENCE
COLOR wh	COLOR wh
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION farmer	OCCUPATION

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 30 A M. on the date above stated.
(Born alive or stillborn)

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 5-15 1914 D C Ray
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-X-112-036-445

PLACE OF BIRTH

Form V. S. 11-C—Min. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71412

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 15

Hospital

FULL NAME OF CHILD Ralph D. Anderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 12 1919

FATHER		MOTHER	
FULL NAME	Frank A Anderson	FULL MAIDEN NAME	Maud Duncan
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Mo.
OCCUPATION	Machanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address Malad

Filed 6-1 1919 D. C. Ray

Registrar

MARGIN RESERVED FOR USE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-21-096-551

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71413

Registration District No. 26 File No. ____

Primary Registration District No. 2069 Registered No. 76

FULL NAME OF CHILD. VERA WILLIAMS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	2-13-19

FATHER	MOTHER
FULL NAME Thomas Oliver Williams	FULL MAIDEN NAME Elizabeth Evans
RESIDENCE Malad	RESIDENCE same
COLOR wh AGE AT LAST BIRTHDAY 51 (Years)	COLOR wh AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive (Born alive or stillborn) at 12 20 M. on the date above stated.

(Signature) D Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 3-15 19 19 D Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1949

SEP 5 1944

331-216-036-993

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71414

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 77

FULL NAME OF CHILD MEDA R. CLARK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5-16-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas J. Clark	FULL MAIDEN NAME	Florence B Richards
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 6-1 1919 D. Ray

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ONEIDA

Certificate No. 7414
Date Filed OCT 1 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Meda R. Clark (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on May 14, 1919 (DATE OF EVENT)
in Malad, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Meda R. Clark

Subscribed and sworn to before me this 30 day of September, 1942.

John N. McAllister
Notary Public, residing at Malad, Idaho
My commission expires Clerk of the District Court
(SEAL)

Signed Bill Florence A Clark
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

MALAD, IDAHO
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP

OCT 2

515-218-036-066

PLACE OF BIRTH

Form V. S. No. 1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71416

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 79

FULL NAME OF CHILD LaRue Virgia Vanderwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	5 18 1919

FATHER		MOTHER	
FULL NAME	Walter Vanderwood	FULL MAIDEN NAME	Sarah J Woodland
RESIDENCE	Burst	RESIDENCE	Burst
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Malad	BIRTHPLACE	Conmont
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 6-1-19 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71416

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on 5-18-19 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blood Donor Certificate 3/9/50 Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on 8/23/37 Viewed by Div. of Vital Statistics. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	LaRue Virgia Vanderwood

Subscribed and sworn to before me this 24 day of May, 1950

Notary Public, residing at Boise, Idaho
My commission expires .....
(Seal)

Signed LaRue V. Morton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 2, Box 183, Yakima, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

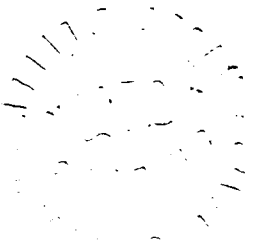
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

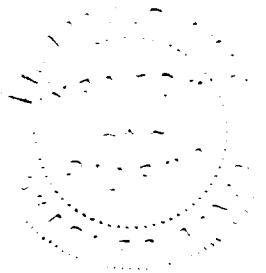
Subscribed and sworn to before me this 18 day of November, 1950

Notary Public, residing at Boise Idaho
My commission expires 4-5-54
(Seal)

Signed Pauline M. Showalter
(Signature of Any Credible Person)
1942 High St. Boise Idaho
(Street Address, City, State)

NOV 28 1955





551-129-036-551

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 71417

Primary Registration District No. 2069

Registered No. 80

FULL NAME OF CHILD Wayne Evans

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 29 1919

FATHER		MOTHER	
FULL NAME	David R Evans	FULL MAIDEN NAME	Maggie Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 10 A.M. on the date above stated.

(Signature) L C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 6-3 19 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-2291036-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad.

No. ..... St.

Hospital .....

Registration District No. 26

File No. 71418

Primary Registration District No. 2069

Registered No. 81

FULL NAME OF CHILD Eva Gleed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes.	May 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Gleed	FULL MAIDEN NAME	Fern Haviland
RESIDENCE	Malad	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Crofton Nebr.
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ferns. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Filed 6-1 1919 D. Kay

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—T[illegible]

N. B. In case of more than one child at birth a SEPA[illegible] made for each and the number of each, in order of birth stated.

K

JAN 21 1975

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 10 13 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71418

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gleed (female) (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eva Gleed

Subscribed and sworn to before me this 12 day of February, 1975.

Notary Public, residing at West Jordan, Utah
My commission expires April 17 1978
(Seal)

Signed Joseph C Gleed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
193 W. 100 N. Malad Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake City } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of February, 1975.

Notary Public, residing at West Jordan, Utah
My commission expires April 17, 1978
(Seal)

Signed Emma M Gleed
(Signature of Any Credible Person)
113 W 2nd Bingham, Utah
(Street Address, City, State)

CL 1/20/75

FORM DH 60-155

APR 14 1975

Marrige License and Certif. from Idaho gives name as Russell J. Jacobson and Eva Gleed. dated June 12, 1939. viewed by V. S.

Certif. of Blessing from LDS Church gives name as Eva Gleen daughter of Joseph Gleed and Fern Ada Haviland. Born May 29, 1919 at Malad, Idaho. Was Blessed July 6, 1919. viewed by V. S.

632-202-036165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 71419

Primary Registration District No. 2069

Registered No. 87

FULL NAME OF CHILD Fay Olsen.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	6 2 1919

FATHER		MOTHER	
FULL NAME	Parley Olsen	FULL MAIDEN NAME	Sophia Jones
RESIDENCE	Emerford	RESIDENCE	Emerford
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 P M. on the date above stated.

(Signature) J Ray MD

(Physician or midwife)

Address Malad Idaho

Filed 6-2 1919 J C Ray

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 0 1977

MAY 1 8 1976

735-107-036-314

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71420

Registration District No. 26

File No. ____

Primary Registration District No. 2069

Registered No. 88

FULL NAME OF CHILD Don Campbell Gleed

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6-3-19

FATHER		MOTHER	
FULL NAME	Edwin Gleed	FULL MAIDEN NAME	Sarah Emma Campbell
RESIDENCE	malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 20 P. M. on the date above stated.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad Idaho

Filed 6-3 19 19 D C Ray
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1967

JUN 11 1953

OCT 1 1953

819-1041 036-386

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 71421

Primary Registration District No. 2069

Registered No. 84

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Everett J Harris	FULL MAIDEN NAME	Ella C Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 7-1 1919

D Ray
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...SERVED FOR BINDING

165-105-036-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71422

County of Oneida

City of Malad City

No. _____ St.

Hospital _____

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 86

FULL NAME OF CHILD Thomas Richards Jones.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	June 5th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Richards Jones	FULL MAIDEN NAME	Edna Crouther
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Snowville Utah.	BIRTHPLACE	Logan Utah
OCCUPATION	laborer	OCCUPATION	house wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A Hughes

midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Malad

Filed 7-10 1919 D C Ray Registrar

S-Y-CO 38071

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-205-036-313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71423

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 85

FULL NAME OF CHILD MILDRED DALTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M Dalton	FULL MAIDEN NAME	Neva M Tallett
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farming Stock growing	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 7-1 1919 D Riley Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 71423
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mildred Dalton (Name on Original Certificate) who was Born (Was Born or Died) on June 5, 1919 (Date of Event) in Malad Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Aug. 28, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred Dalton

Subscribed and sworn to before me this 8 day of June 1942

Burdell Curtis
Notary Public, residing at
My commission expires
(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

Signed J M Dalton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Declo. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of June 1942

Burdell Curtis
Notary Public, residing at
My commission expires
(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

JUN 12 1942

Signed Howard Manning
(Signature of Any Credible Person Other Than Previous Year)

Twin Falls Idaho
(Street Address, City, State)

Route #2

993-076168

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

71424

File No. .....

Primary Registration District No. 2069

Registered No. 87

FULL NAME OF CHILD ..... RALPH JOHN RICHARDS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 7 1919

FATHER		MOTHER	
FULL NAME	William H. Richards	FULL MAIDEN NAME	Margaret A. John
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Mail Carrier	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1 19 19 D. C. Ray Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of ONEIDA } ss.

Certificate No. 71824

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on 7 June 1919 (Date of Event)
in Malad, Oneida Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on 8 July 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ralph John Richards

Subscribed and sworn to before me this 8th
day of October, 1943.

M. E. [illegible]
Notary Public, residing at Malad Ida

My commission expires 1-25-45
(Seal)

Signed William H. Richards Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 11 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-207036-814

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71425

Registration District No. 26 File No. .....

Primary Registration District No 2069 Registered No. 88

FULL NAME OF CHILD Barbara Price

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				yes	6-7-19

FATHER

FULL NAME Allen H Price

RESIDENCE Malad

COLOR wh AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE England

OCCUPATION merchant

MOTHER

FULL MAIDEN NAME Kate Hadlock

RESIDENCE same

COLOR wh AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S C Ray MD

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed 6-13 1919

S C Ray
Registrar

S-Y-CO 38071

OCT 21 1971

382.207.036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71426

Primary Registration District No. 2069 Registered No. 89

FULL NAME OF CHILD Louise Lykins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	6 7 19

FATHER		MOTHER	
FULL NAME	James V Lykins	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Malad	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ida
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

(Signature) S C Ray MD

(Physician or midwife)

Address Malad Idaho

Filed 6-7 19 9 S C Ray

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MAR 3 1943

JUL 13 1950

FEB 15 1974

John W or Jas. V.

Blanche Jones Lykins 10/20/17

>99-103036-894

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Form V. S. No. 11-C--25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71427

Primary Registration District No. 2069 Registered No. 90

FULL NAME OF CHILD Garth Price

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	6-8-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Brigham T Price	Esther May Armond
RESIDENCE	Malad	Same
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	42	30
BIRTHPLACE	Idaho	Utah
OCCUPATION	Shoeman	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 40 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) L Ray MD

(Physician or midwife)

Address Malad Idaho

Filed 6-15 19 19

L Ray
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

693-210-036-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71428

County of Oneida

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 92

Hospital

FULL NAME OF CHILD June Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 6-10-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Williams	FULL MAIDEN NAME	Nora Harrison
RESIDENCE	Malad	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho

19

Filed 6-15 1919 D Ray
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1969

342-212-036-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71429

County of Ouida

City of Malad Ida.

No. ..... St.

Hospital .....

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 93

FULL NAME OF CHILD Rhea Lusk

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	3	Yes.	6 (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Lusk	FULL MAIDEN NAME	Maria Williams
RESIDENCE	Malad	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Samaria Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Harris. Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Filed F 2 1919 D. Bay

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 15 1973
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 71429

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lusk (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on April 7, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rhea Lusk

Subscribed and sworn to before me this 8th day of February 1973

Notary Public, residing at Malad City, Idaho
My commission expires 12/15/73
(Seal)

Signed Harriett Lusk
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February 1973

Notary Public, residing at Malad City, Idaho
My commission expires 12/15/73
(Seal)

Signed Samuel Lusk
(Signature of Any Credible Person)

Malad City, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5-5-64. one copy pd. rec. #19004.

Certificate of Baptism and Confirmation from the LDS Church gives name as Rhea Lusk daughter of Thom as Lusk and Maria Williams. Born June 12, 1919. Was Baptized April 7, 1929. Viewed by V. S.

FEB 16 1973

Marriage Certificate from Idaho gives groom's name as Albert Vernon Jensen and the bride's name as Rhea Lusk. Dated Oct. 25, 1940. Viewed by V.S.

275-115-036-296

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71430

Registration District No. 96 File No. .....

Primary Registration District No. 2069 Registered No. 94

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6 15 1919

FATHER	MOTHER
FULL NAME Hyrum C Spencer	FULL MAIDEN NAME Lovina S Brown
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician

(Physician or midwife)

Address Malad Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1 19

J C Berry Registrar

238-118-036-259

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

71431

Registration District No. 26

File No. ____

Primary Registration District No. 2069

Registered No. 95

FULL NAME OF CHILD Melvin Leo Schwartz

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	6-18 19 9

FATHER		MOTHER	
FULL NAME	William Schwartz	FULL MAIDEN NAME	Elga Serum
RESIDENCE	Daniels	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 6-21 19 19 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-220-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71432

Registration District No. 26 File No. ____

Primary Registration District No. 2069 Registered No. 96

FULL NAME OF CHILD Parry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6-20-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Parry	Mary Jane Jones
RESIDENCE	Malad	
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Ida
OCCUPATION	farmer	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

(Signature) S C Ray MD

(Physician or midwife)

Address Malad Idaho

Filed 6-25 19 19 S C Ray

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

245-1211036-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 71433

No. ..... St.

Primary Registration District No. 2069

Registered No. 97

Hospital .....

FULL NAME OF CHILD Vernon Maughan Buehler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6-21-1919

FATHER		MOTHER	
FULL NAME	Henry Buehler	FULL MAIDEN NAME	Mamie Maughan
RESIDENCE	Daniels	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	~~Utah~~ Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S G Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 6-22 1919 S G Ray

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1949

693-2211036-253

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71434

Primary Registration District No. 2069 Registered No. 98

FULL NAME OF CHILD Mona Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 21 1919

FATHER		MOTHER	
FULL NAME	Ben Williams	FULL MAIDEN NAME	Nora A Bell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 7-1 1919 D C Ray Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESERVED FOR BINDING

K

MAY 2 2 1944

993.224.036 #154

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PRESERVED FOR BINDING

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71435

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 99

FULL NAME OF CHILD Blanche Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 24 1919

FATHER

FULL NAME Jeremiah F. Rice

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Annie Anderson

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or stillborn) at 1930 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Hilton

Physician (Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jul 1 1919 D. C. Ray Registrar

DECEASED

386-224-036-415

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71436

Primary Registration District No. 2069 Registered No. 100

FULL NAME OF CHILD GRACE Thomas

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	6-24-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D Thomas	Edith Davis
RESIDENCE	Malad	
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Ida	Idaho
OCCUPATION	merchant	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 a. m. on the date above stated.

(Signature) L S Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 6-26 1919 S C Ray
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ouerda }

OCT 4 1941
RECEIVED

Certificate No. 71436
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Grace Thomas (Name on original certificate) who was born (Was born or died) on June 24 - 1919 (Date of event)
in Malad Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Thomas	Grace Thomas
No name registered		

Subscribed and sworn to before me this 3rd day of Oct, 1941

[signature]

Notary Public, residing at Malad Ida

My commission expires 1-25-1945

[SEAL]

Signed Edith Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ouerda }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Oct, 1941

[signature]

Notary Public, residing at Malad Ida

My commission expires 1-25-1945

[SEAL]

Signed L. C. Tovey
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 9 194;

APR 1 3 1976

381-226-036-363

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 71437

Primary Registration District No. 2069 Registered No. 101

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 26 1919

FATHER		MOTHER	
FULL NAME	Lester Charlesworth	FULL MAIDEN NAME	Ellen E Colton
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Rockland	BIRTHPLACE	Malad
OCCUPATION	Day Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Colton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1 1919

D Kay Registrar

693-230-036-455

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71438

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 107

FULL NAME OF CHILD Darlene June Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 30 1919

FATHER		MOTHER	
FULL NAME	Guy L Wilson	FULL MAIDEN NAME	Marguerite J Dennis
RESIDENCE	Bust	RESIDENCE	Bust
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	S. Dakota	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 7-1 1919 D. C. Ruy
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 3 1974

819-116-005-141

Form V. S. No. 11-C—25m-1-1-18

...CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71439

County of Benewah

City of Plummer

Registration District No. 46

File No.

No. ..... St.

Primary Registration District No. 2123

Registered No. 72

Hospital

FULL NAME OF CHILD Ora William Yarber

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Yarber	FULL MAIDEN NAME	Lydia Harriett Adams
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Leavenworth Kansas	BIRTHPLACE	Jackson Co. Illinois
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth (5) Five

Number of children of this mother now living, including present birth (5) Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:50 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

Accoucheur

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Aug 18 1919

R. L. Jaeger
Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

#64-110-005-334

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] OF BIRTH

County of Bonewah

City of Plummer.

No. _____ St.

Hospital _____

Registration District No. 46

Primary Registration District No. 2123

File No. 71440

Registered No. 73

FULL NAME OF CHILD Robert Clare Boutillier.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 10th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Le Boutillier	FULL MAIDEN NAME	Grace Ethel Cluphf.
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Deerfield, Missouri	BIRTHPLACE	Beaver City, Nebraska.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth (5) Five

Number of children of this mother now living, including present birth (3) Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.P.

Accoucheur (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Plummer, Idaho.

Filed Aug. 18 1919

W. L. Jaeger Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-113-005-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46 File No. 71441

Primary Registration District No. 2123 Registered No. 74

FULL NAME OF CHILD Chester Paul Smith Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester Paul Smith	FULL MAIDEN NAME	Cora Inez Rodgers
RESIDENCE	St Maries, Idaho	RESIDENCE	St. Maries, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Decatur, Illinois	BIRTHPLACE	Nes Perce, Idaho
OCCUPATION	R.R. Breakman	OCCUPATION	Housewife

Number of child of this mother, including present birth (1) one Number of children of this mother now living, including present birth (1) one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Herrington DC

Accoucheur (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer Idaho

Filed Aug 18 1919 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22 197

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted]

469-[redacted]-572

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71442

County of Bonneville

City of Idaho Falls

Registration District No. 23 File No.

No. St.

Primary Registration District No. 2150 Registered No. 141

Hospital General

FULL NAME OF CHILD Gertrude Joette Moritz

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Moritz	FULL MAIDEN NAME	Edith Epstein
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Austria
OCCUPATION	Apparist	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed Aug 13 1919 [signature]

Registrar

APR 2 3 1943

FEB 1 1 1975

319-226-20-417

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R-7 D St

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]-8-17

CERTIFICATE OF BIRTH

71443

Registration District No. 73

File No.

Primary Registration District No. 2150

Registered No. 140

FULL NAME OF CHILD Dora Lucella Carpenter

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 26 1919 (Month) (Day) (Year)

FATHER

FULL NAME William Floyd Carpenter

RESIDENCE Idaho Falls Idaho

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Kansas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Laura Arabelle Maxwell

RESIDENCE Idaho Falls Ida.

COLOR White

AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Oxford Kan.

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kinnaird

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Registrar

Filed Aug 12 1919 Wm Kinnaird

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1948

353-108-010-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71444

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2150

Registered No. 139

Hospital

FULL NAME OF CHILD GEORGE P. LeCHEMINANT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 5, 1919

FATHER		MOTHER	
FULL NAME	George Lecheminant	FULL MAIDEN NAME	Nannie E. Ladd
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White — AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

..... 19.....

Filed Aug 11 1919 [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 168-128-920-533

County of ~~Jefferson~~ Bonneville

City of

No. St.

Hospital

Registration District No. 73

Primary Registration District No. 2100

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71445

File No. 136

Registered No. ~~129~~

Full Name of Child Elliott Bud Johnson

SEX OF CHILD: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH: Jan 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. L. Johnson	FULL MAIDEN NAME	Carry L. Elliott
RESIDENCE	Clark	RESIDENCE	Clark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer MD

Rigby (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby Ida

Filed Aug 4 1919 [signature] Registrar

Registrar

K

ST
BUREAU
CER
Serial No.
Station Distric
Bud

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 2 0 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville

Certificate No. 71445

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed John son (Name on Original Certificate) who born (Was Born or Died) on 1-28-1919 (Date of Event)
in Bonneville Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Idaho Registrate - Cert. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elliott Bud Johnson

Subscribed and sworn to before me this 18 day of January, 1967

Notary Public, residing at Idaho Falls Ida.
My commission expires March 12-1967
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; by attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of January, 1967

Notary Public, residing at Idaho Falls Ida.
My commission expires March 12-1967
(Seal)

Signed (Signature of Any Credible Person)

278-10th St Idaho Falls, Ida.
(Street Address, City, State)

FORM DPH 55. 155

NN 10-7-57 nm

Selective Service Registration Certificate, Oct. 16, 1940 gives full name as Elliott Bud Johnson - viewed by V.S.

APR 5 1967

Selective Service Notice of Classification, Feb. 3, 1943 gives full name as Elliott Bud Johnson - viewed by V.S.

Ucon High School Diploma, Ucon, Idaho, dated May 21, 1936 gives full name as Elliot Bud Johnson - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71446

County of Jefferson

City of Bonneville

No. 632-205-010-415 St.

Registration District No. 73

File No.

Primary Registration District No. 2110

Registered No. 137

Hospital

Full Name of Child

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. J. Olsen	FULL MAIDEN NAME	Caroline Davis
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Female, at 8:15 a. M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby Ida

Filed Aug 4 1919 [signature]
Registrar

Registrar

819-221-010-389

PLACE OF BIRTH

name added 12-4-84 dl

STATISTICS

Form V. S. No. 11—25m-4-15-18

County of Bonneville

City of Milo

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2170

CERTIFICATE OF BIRTH

71447

File No. _____

Registered No. 136

Full Name of Child Magdalene Harmon

SEX OF CHILD: Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes.

DATE OF BIRTH: June 21 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Sylvester Harmon	FULL MAIDEN NAME: Sylvia Christensen
RESIDENCE: Milo	RESIDENCE: Milo
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Norway
OCCUPATION: Farmer	OCCUPATION: House

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

Rigby (Physician or ~~midwife~~)

Address _____

Given names added from a supplemental report.

_____ 19____

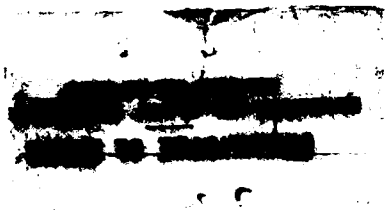
_____ Registrar

Filed Aug 4 1919 _____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 9 1970

10-15-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED NOV 23 1984 Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 71447
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harmon (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 21, 1919 (Date of Event)

in Milo(Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Magdalene Harmon

Subscribed and sworn to before me this 19th day of November 1984

Notary Public, Fanny L. Aycock
Residing at 4304 W. Bell Rd.
My commission expires July 13th 1987
(Seal)

x Madge H. Powers
Signature of Applicant

x _____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Passport lists Magdalene Harmon Croft born June 21, 1919 in Idaho was issued passport on May 15, 1970. Viewed by V.S.

DEC 4 1984

Prudential Ins Company policy lists insured as Magdalene Harmon age 17. Policy date Sep 2, 1935. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 2007 CMW
[illegible] 614

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible] No. 11-C—[illegible]

71448

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 131

FULL NAME OF CHILD IRA JUDY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 22, 1919

FATHER		MOTHER	
FULL NAME	Wm H. Judy	FULL MAIDEN NAME	Mary A. Ward
RESIDENCE	Ozone, Ida	RESIDENCE	Ozone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed 7/31 1919 [illegible]

Registrar

Registrar

JAN 20 1969

RECEIVED

SEP 0 7 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss
County of Bonneville

Certificate No. 1919-71448

Date Filed 07/31/1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for unnamed Judy (Name on Original Certificate) who was born (Was Born, Died, etc.) on 07/22/1919 (Date of Event)

in Idaho Falls (Bonneville Co), Id. (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Judy	Ira Judy

Subscribed and sworn to before me this 4 day of September, 2007

Notary Public, A. Ferguson

Residing at 3035 Devonwood

My commission expires 4/7/2012 (Seal)

A. FERGUSON NOTARY PUBLIC STATE OF IDAHO

Ira Judy
Signature of Applicant

3966 Benchmark Circle,
Street Address, City, State and Zip
Idaho Falls, ID
83406

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss
County of

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,

Notary Public,

Residing at

My commission expires (Seal)

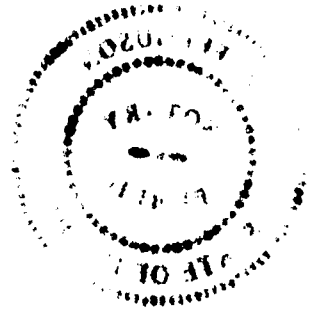
Signature of Applicant

Street Address, City, State and Zip

August 30, 2007

ARMY OF THE UNITED STATES HONORABLE DISCHARGE #170089 IRA JUDY DATE ENTERED INTO ACTIVE DUTY 23 JAN 1945 DATE OF SEPARATION 19 JAN 1946 VIEWED BY VS

ID BC #1954-02951 SUSANN MARIE JUDY BORN 2-26-1954 IN IDAHO FALLS (BONNEVILLE CO), ID FATHER'S NAME IRA JUDY VIEWED BY VS



493-211-010-366

PLACE OF BIRTH

amended 9-30-81

County of Bonneville

City of Ucon

No. _____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

71449

Registration District No. 73 File No. _____

Primary Registration District No. 2170 Registered No. 134

FULL NAME OF CHILD Emma Marie Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 11 1919

FATHER	MOTHER
FULL NAME Torval J Miller	FULL MAIDEN NAME Ellen Low
RESIDENCE Ucon	RESIDENCE Ucon
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Address Ucon Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 30 1919 _____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-18-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 29 9 53 AM '81

State of _____
County of _____ } ss.

Certificate No. 71449
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Marie Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-11-19 (Date of Event)

in Ucon (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Marie Miller	Erma Marie Miller
fathers name	John Miller	Torval J Miller
mothers name	Ellen Watter	Ellen Low

Subscribed and sworn to before me this 25 day of September, 1981.

Notary Public Jacqueline Graham
Residing at Seattle
My commission expires 11-6-82
(Seal)

X Erma Marie Miller
Signature of Applicant
10419 4th Ave S.W.
Street Address, City, State
Seattle, Wa. 98146

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

SEP 3 0 1981

Cert of Baptism from LDS Church gives Erma Marie Miller born 6-11-19 in Ucon, to Torval J Miller and Ellen Low. Baptised 5-6-28 at Union Ward . Viewed by V.S.

Union High School diploma gives Erma Marie Miller graduating from high school on 5-18-37 in Union Oregon. Viewed by V.S.

Sisters birth Certificate gives Mary Lucille Miller born 1-24-13 in St.Anthony, Fremont County state file # 11466. Gives mothers maiden name as Low. Fathers name as J.T. Miller. Viewed By V.S.

331-110-010-415

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71450

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2130 Registered No. 133

Hospital General

FULL NAME OF CHILD Samuel Knowles Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Thomas Clark	FULL MAIDEN NAME	Annie Eunice Daniel
RESIDENCE	Dubois Idaho	RESIDENCE	Dubois Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Willow Mont	BIRTHPLACE	Newton county Ms
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-10-19 at 7 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

19

Registrar

Filed July 23 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Kli · C M Cline

253-121-010-769

PLACE OF BIRTH name added 3/6/81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71451

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2100

Registered No. 132

Hospital General

FULL NAME OF CHILD Ralph Peter Kelsch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 21 1919

FATHER		MOTHER	
FULL NAME	Peter Kelsch	FULL MAIDEN NAME	Bertha Pointer
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Higginville Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-21-19 at 9:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed July 23 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1973

12-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 9 8 34 AM '81

State of _____ } ss.
County of _____

Certificate No. 71451
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kelsch (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-21-19 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Ralph Peter Kelsch

Subscribed and sworn to before me this 6 day of Jan, 1981.
Notary Public, Boots Blackburn
Residing at P.O. Box 280 Ida Falls
My commission expires 12/19/83
(Seal)

Ralph P. Kelsch
Signature of Applicant
R.3 - Box 364, Idaho Falls Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Bonneville

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Jan, 1981.
Notary Public, Boots Blackburn
Residing at P.O. Box 280 Ida Falls
My commission expires 12/19/83
(Seal)

Francis Portner
Supporting Signature
2175 S. Blvd. Idaho Falls, Idaho
Street Address, City, State

MAR 9 1981

Certificated of Baptism, gives name as Ralph Peter Kelsch son of Peter Kelsch & Bertha Portner born July 21, 1919 and Baptized 8-14-1919 in Holy Rosary Church, Ida Falls, Ida. Rev. J. Purcell. Viewed by U.S.

Insurance Policy gives name as Ralph P. Kelsch born July 21, 1919, Idaho Falls, Idaho. Policy #3019144 on Nov. 23, 1948, by Occidental Life Ins. Viewed by U.S.

619-211-010-266

Form V. S. No. 11-C—20m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71452

County of Bonneville

City of Idaho Falls — Registration District No. 73 — File No.

No. ..... St. — Primary Registration District No. 2107 — Registered No. 131

Hospital General

FULL NAME OF CHILD Mary Nadine Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		400	July 11 1919

FATHER		MOTHER	
FULL NAME	Nephi Orin Ward	FULL MAIDEN NAME	Zulla Bybee Boomer
RESIDENCE	Salmon city Idaho	RESIDENCE	Salmon city Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iona	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-11-19 at 7 00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed July 23 1919 [signature]

Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294207 010-595-1

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71453

County of Bonneville

City of Idaho Falls, Ida.

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2170

Registered No. 130

Hospital

FULL NAME OF CHILD HELEN JUNE SIMMONS

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W. L. Simmons	FULL MAIDEN NAME	Sarah Nielsen
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Atlanta Georgia	BIRTHPLACE	Utah
OCCUPATION	Sheep Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-7-19 at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergreen

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

19

Filed July 23 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 71453

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed who was born on July 7th, 1919
(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Ammon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Baptismal Certificate prepared on October 2nd, 1927, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen June Simmons

Subscribed and sworn to before me this 10th
day of November, 19 42

A. Kinsley Martin
Notary Public, residing at Los Angeles, Calif.
NOTARY PUBLIC
My commission expires IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
(Seal) My Commission Expires May 17, 1944

Signed Sarah Nielsen Simmons (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1640 Westerly Ter. Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of November, 19 42

A. Kinsley Martin
Notary Public, residing at Los Angeles, Calif
My commission expires May, 17, 1944
(Seal)

Signed Mrs. Louise Capping
(Signature of Any Credible Person Other Than Previous Year)

X 1419 Gardner St.
(Street Address, City, State)

993 416

PLACE OF BIRTH

010-815

County of Bonneville

City of Idaho Falls RD 2

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71454

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 1297

FULL NAME OF CHILD Earl Wayne Riley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth June 16 1919 (Month) (Day) (Year)
Male			

FATHER		MOTHER	
FULL NAME	Clifford J Riley	FULL MAIDEN NAME	Eleanore Hanson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cedar Rapids Neb	BIRTHPLACE	Idaho Falls Id.
OCCUPATION	Farming	OCCUPATION	Housewk.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Andersen MD

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Idaho

Filed July 17 1919 [signature]

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-218010-363

PLACE OF BIRTH

Form V. S. No. 11-G—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No. 71455

No. ..... St.

Primary Registration District No. 2112 Registered No. 124

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan M. Cody	FULL MAIDEN NAME	Vinnie Coleman
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-18-19 at 9 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed July 19 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-211-010-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71456

County of Bannock

City of Pocatello

Registration District No. 13

File No.

No. ..... St.

Primary Registration District No. 2170

Registered No. 127

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 11 1919

FATHER		MOTHER	
FULL NAME	Claude E. Personius	FULL MAIDEN NAME	Mary Rice
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Maine.	BIRTHPLACE	Nebraska.
OCCUPATION	Fireman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-11-19, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7/12 19 19 [illegible]
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

035-107-010-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71457

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 126

Hospital

FULL NAME OF CHILD Theodore R. Stevens

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank J. Stevens	Effie Thornton
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	54	27
BIRTHPLACE	Indiana	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-7-19, at 4:10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 11 19 19 [illegible]
Registrar

SEP 1 1 1942

297-115-009-168

PLACE OF BIRTH

County of Bonner

City of Kootenai

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 71460

Registration District No. 78 File No. _____

Primary Registration District No. 2155 Registered No. _____

Full Name of Child Infant Sigmundson (See other Side)

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	—		—	No	7 15 19 14

FATHER		MOTHER	
FULL NAME	John Fredricks	FULL MAIDEN NAME	Frieda Johnson
RESIDENCE	Unknown	RESIDENCE	Kootenai, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Unknown	BIRTHPLACE	Iceland
OCCUPATION	Unknown	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Allen M.D.

Sandpoint Idaho
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Sept 10 1914

_____
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... WITH UNFADING INK—THIS IS A PERMANENT RECORD

note: Child given to Sigmundson family before birth by mother in returns for giving her a home and care.

Floyd [illegible]

463-114:009-94

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71461

County of Bonner.

City of Sandpoint. Idaho
423 Ella Ave.
No. St.

Registration District No. 79

File No.

Primary Registration District No. 2133

Registered No.

Hospital

FULL NAME OF CHILD John Henry Mott.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male.			Yes.	July 14 1909 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: John R. Mott.	FULL MAIDEN NAME: Paulina Ruthardt.
RESIDENCE: 423 Ella Ave. Sandpoint, Idaho.	RESIDENCE: 423 Ella Ave. Sandpoint, Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: ~~Mason City, Iowa.~~	BIRTHPLACE: Mitchell, South Dakota.
OCCUPATION: Blacksmith.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd S. Wendle M.D.
(Physician or Midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

19

Registrar

Filed Sept 10 1909

Floyd S. Wendle
Registrar

239-125-009-154

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 71462

Registration District No. 78

Primary Registration District No. 2753

File No. _____

Registered No. _____

Full Name of Child Homer Harlan Stillwaugh

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	7 25 19

FATHER		MOTHER	
FULL NAME	Homer J. Stillwaugh	FULL MAIDEN NAME	Katherin Anderson
RESIDENCE	524 Ella St	RESIDENCE	524 Ella St.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salem Mo	BIRTHPLACE	Mason, Wisc
OCCUPATION	Millworker	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Ellenwood MD
Physician
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

_____ 19____
Registrar

Filed Oct-10 19 19 Floyd Ellenwood
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-76880

513-401-009-312

PLACE OF BIRTH amended 6/20/78

Form V. S. No. 11-0 Rev. 8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootnia

Registration District No. 78

File No. 71463

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edwin Albert Vale

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	L		1	Yes	Aug 1 1919

FATHER		MOTHER	
FULL NAME	Harry L Vale	FULL MAIDEN NAME	Mary Casper
RESIDENCE	Kootnia	RESIDENCE	Kootnia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson

Physician (Physician or midwife)

Address Sandpoint Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10 1919

FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 71463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Vale (male) (Name on Original Certificate) who was born (Was Born or Died) on August 1, 1919 (Date of Event) in Kootenai, Idaho (Bonner) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed Vale	Edwin Albert Vale
mother's name	Murry Casper	Mary Kasper

Subscribed and sworn to before me this 26th day of June, 1978

Signed Mary E. Stuart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires Lifetime
(Seal)

233 N. Roosevelt Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155 6/20/78

Own child's birth certificate lists father as Edwin Albert Vale, of Kootenai, Idaho. Child is Edwin Albert Vale Jr. born July 12, 1958, in Lewiston, Idaho to Edwin Albert Vale and Doris Lavonna Stephens.
viewed by vs June 20, 1978

JUN 1978

Divorce lists husband as Edwin Albert Vale. Divorce dated May 24, 1955. Idaho. S.F.#55-853.
viewed by vs June 20, 1978

717-123-044-012

PLACE OF BIRTH

[illegible] OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-13

County [illegible]

City of Cambridge

Registration District No. 88 File No. [illegible]

No. ..... St.

Primary Registration District No. 2164 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter McClure Paxton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes	July 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Payton Paxton	FULL MAIDEN NAME	Susanna Jane Baker
RESIDENCE	Cambridge Idaho.	RESIDENCE	Cambridge Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Oregon.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8:40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed Sept 1 1919 C. E. Schmidt Registrar

Registrar

8-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

379-107044-24

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88

File No. 71465

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Maurice Carrick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Sep 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Carrick	FULL MAIDEN NAME	Mary Grace Sutton
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	H-wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed Sept 1 1919 [illegible] Schmitz Registrar

Registrar

S-Y CO. 24656

[redacted]

851-216-
644-415

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA[illegible]S

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88

File No. 71466

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Freda Joan Heath

Sex of Child F.	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Willard Heath	FULL MAIDEN NAME	Lula Mabel Manning
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge - Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge - Idaho

Filed Sept 1 1919 C. E. Schmitz Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1957

243-122-044-699

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88 File No. 71467

No. ..... St.

Primary Registration District No. 2164 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Harold~~ MERLE James Buchholz.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes.	Aug 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd Buchholz.	FULL MAIDEN NAME	Edith May Wright.
RESIDENCE	Cambridge Idaho.	RESIDENCE	Cambridge Idaho.
COLOR	W. AGE AT LAST BIRTHDAY 22. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE	Austin - Washington	BIRTHPLACE	Kansas.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho.

Filed Sept 1 1919 C. E. Schmitz Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash. } ss.
County of Clallam }

Certificate No. 71467

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Muriel James Buchholz (Name on Original Certificate) who born (Was Born or Died) on Aug 27-1919 (Date of Event)
in Carlsborg, Sequim (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by My own knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Muriel James	Merle James Buchholz

Subscribed and sworn to before me this 23rd day of May, 1942

Notary Public, residing at Port Angeles

My commission expires Mar 11-1946
(Seal)

Signed Mrs. Edith Wright Buchholz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

816 W. 9th Port Angeles Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Clallam }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1942

Notary Public, residing at Port Angeles

My commission expires Mar 11 1946
(Seal)

Signed Mrs. Audrey Jacobs
(Signature of Any Credible Person Other Than Previous Year)

Rt. 2. Port Angeles Wash.
(Street Address, City, State)

JUN 3 1942

CHILD'S FIRST NAME ADDED
713-228-016-33 10-22-2009 CMW

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71469

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1323

FULL NAME OF CHILD LOLA Pace

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 28 1917

FATHER		MOTHER	
FULL NAME	Frank Pace	FULL MAIDEN NAME	Nellie Clark
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 13 1917 Dr. J. C. Patterson
Registrar

RECEIVED
OCT 21 2009

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1919-71469
Date Filed 08/13/1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for unnamed Pace (Name on Original Certificate) who was born (Was Born, Died, etc.) on 07/28/1919 (Date of Event)
in Burley (Cassia Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	None	Lola

Subscribed and sworn to before me this 24 day of Oct. 2009
Notary Public, Pamela J. Piper
Residing at Richfield
My commission expires 03/04/14 (Seal)

Signature of Applicant
215E 520N SHOSHONE 83352
Street Address, City, State and Zip

PAMELA J. PIPER NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Must be completed ☐) ____
(Is not necessary ☒) ____

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____
Notary Public, _____
Residing at _____
My commission expires _____ (Seal)

Signature of Applicant
Street Address, City, State and Zip

September 4, 2009 LDS CERTIFICATE OF BAPTISM & CONFIRMATION LOLA PACE BAPTIZED 9-4-1927 VIEWED BY VS
IDAHO BIRTH CERTIFICATE #1937-255878 LOLA MILRE MCBRIDE BORN 5-20-1937 MOTHER'S MAIDEN NAME: LOLA PACE VIEWED BY VS

281-201-005-813

PLACE OF BIRTH

[redacted] No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71470

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

File No. .....

Primary Registration District No. 2049

Registered No. 52

FULL NAME OF CHILD Shaw

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	twin	1st	yes	Aug 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W.G.Shaw	FULL MAIDEN NAME	Ethel Hall
RESIDENCE	St.Maries	RESIDENCE	St.Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th. Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed Aug. 2 1919 H E Hunt Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-101-005-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71471

County of Benewah

City of St.Maries

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. 53

Hospital .....

FULL NAME OF CHILD ..... Shaw .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	and	2nd	yes	Aug 1 1919

FATHER	MOTHER
FULL NAME: W.G.Shaw	FULL MAIDEN NAME: Ethel Hall
RESIDENCE: St.Maries	RESIDENCE: St.Maries
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Ontario,Can.	BIRTHPLACE: Penn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7th. Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.10 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address St Maries

..... 19.....

..... Registrar

Filed Aug. 2 1919

H E Smith
Registrar

315-101-005-249

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71472

County of Stenewah

City of St Maries

Registration District No. 32

File No.

No. St.

Primary Registration District No. 2049

Registered No. 54

~~Hospital~~ Home

FULL NAME OF CHILD Ralph Eugene Tanner

Sex of Child ~~Female~~ Male | Twin Triplet or other? and Number in order of birth First (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 8/1/19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Tanner	FULL MAIDEN NAME	Mamie Smith
RESIDENCE	St Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	St. M. Mo.	BIRTHPLACE	Washington
OCCUPATION	Day Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 - P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ahler D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address St. Maries Ida.

19

Filed 8-30 1919 H. E. Hunt

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-207-005-168

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 71473

Primary Registration District No. 2049 Registered No. 55

FULL NAME OF CHILD Pentland

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	1	3	Yes	8/ (Month) 7/ (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. H. Pentland	FULL MAIDEN NAME	Mary Johnson
RESIDENCE	St. Joes Ida.	RESIDENCE	St Joes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Laborer.	OCCUPATION	Hous Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Allen D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St. Maries Ida

Filed 8-30 1919 H. E. Hunt

Registrar

213-20ka005-466

PLACE OF BIRTH

County of Benewah

City of St Maries

No. Riverdale St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32

Primary Registration District No. 2049

File No. 71474

Registered No. 56

Full Name of Child Hazel Maxine Bales

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clark A. Bales	FULL MAIDEN NAME	Bertha Moore
RESIDENCE	St Maries, Idaho.	RESIDENCE	St. Maries, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Fireman (stationery)	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles A Robins, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St. Maries, Idaho

Filed Sept 3 1919 H E Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Whatcom }

RECEIVED NOV 30 1964 Bureau of Vital Statistics

Certificate No. 71474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bales (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1919 (Date of Event)

in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Hazel Maxine Bales

Subscribed and sworn to before me this 27 day of November 1964

Notary Public, residing at Ferndale, Wash

My commission expires 4-29-66

(Seal)

Signed Pearl Irene Bales Pitchford

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Ferndale, Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whatcom }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1964

Notary Public, residing at Ferndale

My commission expires 4-29-66

(Seal)

Signed Burt Alanson Boon

(Signature of Any Credible Person)

R+2 Ferndale, Wash

(Street Address, City, State)

FORM DH 60-155

L 11-23-64. one copy pd. - rec. #5128.

State of Washington, County of Okanogan, cert. copy of Marriage Statistics, Page 10, Book2 of Marriage Statistics - Record No. 4326, date of license-Dec. 14, 1936 - cert. copy issued Oct. 29, 1964 - gives full name of groom as Bert Olander Boon, age 24, born in Leasse, Wash. and full name of bride as Hazel Maxine Bales, age 17, born in St. Mary's, Idaho to Clark A. Bales and Bertha A. Moore - viewed by V.S NOV 30 1964

Statement from Dorothy W. Beamer, County Supt. of Schools, Okanogan County, Okanogan, Washington, dated Oct. 29, 1964 - states "I, Dorothy Beamer, Superintendent of Okanogan County Schools, Okanogan, Washington, hereby certify that records on file in this office indicate that Hazel Maxine Bales was fourteen (14) years of age when she took the eighth grade examination in May, 1934. She was enrolled in Okanogan County School District No. 103, Winthrop, Washington, at the time the examination was taken" statement has the school seal on it. - viewed by V.S.

143-212-005-915

PLACE OF BIRTH

County of Benewah

City of

No. St.

Hospital

Form V. S. No. 11—2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71475

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 57

Full Name of Child Mary Julian

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tony Julian	FULL MAIDEN NAME	Victoria Iannone
RESIDENCE	Calder, Idaho	RESIDENCE	Calder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Robins M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address St Maries Idaho

Filed Sept. 3, 1919 H E Hunt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1969

PLACE [redacted] 966-2 605-296

County of

City of St Maries

No. St.

Hospital St Maries

Form V. S. No. 11—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 71476

Primary Registration District No. 2049 Registered No. 58

Full Name of Child Betty-Jane Rawley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.			Yes	Aug 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Rawley	Minnie Rosella Brown
RESIDENCE	St Maries	St Maries
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Canada	Chicago
OCCUPATION	Mechanic	Typist

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-46 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or ~~midwife~~)

Address St. Maries

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 9, 1919 H E Hunt Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

28 1982

893-108-015-465 name added 5-4-84 dl

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs — Registration District No. 86 — File No. 71477

No. ..... St. — Primary Registration District No. 2159 — Registered No. 148

Hospital .....

FULL NAME OF CHILD Stanley Merle Hill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/			yes	7/8/19 ..... 191....

FATHER	MOTHER
FULL NAME: Stanley A. Hill	FULL MAIDEN NAME: Nora Lee Montel
RESIDENCE: Pegram, Idaho	RESIDENCE: Pegram, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Kansas
OCCUPATION: Rancher	OCCUPATION: Wife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Ellis Kackley Registrar

(Signature) Ellis Kackley

Physician (Physician or midwife)

Address Soda Springs, Idaho

Filed 7/31/19 19..... Ellis Kackley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-2-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAY 2 1984
Bureau of Vital Statistics

State of _____
County of _____ } ss.

Certificate No. 71477
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hill (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 8, 1919 (Date of Event)

in Soda Springs (Caribou) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Stanley Merle Hill

Subscribed and sworn to before me this 12th day of April, 1984

Notary Public, Kathy M. Jackson

Residing at Blackfoot

My commission expires Life

(Seal)

x Stanley M Hill
Signature of Applicant

x Rt #3 Box 97 Blackfoot Idaho 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Bear Lake } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of April, 1984

Notary Public, Norma Lee Nielson

Residing at Montpelier Idaho

My commission expires Life

(Seal)

Ruth Aland (aunt)
Supporting Signature

22387 4th St. Montpelier, Idaho 83254
Street Address, City, State

K

3cc

Blessing Record from LDS Church gives Stanley Merle Hill born July 8, 1919 in Soda Springs to Stanley Abraham Hill and Nora Lee Montel and was blessed Nov 9, 1919. Viewed by V.S.

Baptism record from LDSChurch gives Stanley Merle Hill was born July 8, 1919 and was baptised July 20, 1927. Viewed by V.S

MAY 4 1984

295-11-040-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71478

County of Shoshone

City of Clarkia — Registration District No. 66 — File No. 16

No. ## St. — Primary Registration District No. 2176 — Registered No.

Hospital ##

FULL NAME OF CHILD Eunice Mathilda Lung

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 11 1919

FATHER		MOTHER	
FULL NAME	Edward Mathew Lung	FULL MAIDEN NAME	Marie Olsen
RESIDENCE	Clarkia Ida	RESIDENCE	Clarkia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Mine laborer foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.30 P M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

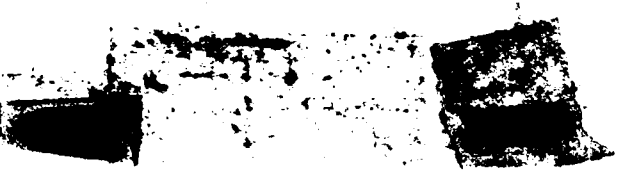
Filed Aug 30 19 19 Mrs T. C. Gibson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 23 1944

255-203-029-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 13 71479

No. ____ St.

Primary Registration District No 2146 Registered No. ____

Hospital Bovill

FULL NAME OF CHILD Baby Bennett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	7 3 1919

FATHER	MOTHER
FULL NAME Lee W. Bennett	FULL MAIDEN NAME Tina Blanc
RESIDENCE Potlatch Idaho	RESIDENCE Potlatch Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE New York	BIRTHPLACE Kentucky
OCCUPATION automobile salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 P M. on the date above stated.

(Signature) J. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed Aug 30 1919 Mrs J. C. Gibson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup Ez 1919-357635

[redacted]

County of Washington

City of Midvale

253-105-04X-243 No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71480

Registration District No. 87 File No. _____

Primary Registration District No. _____ Registered No. _____

Full Name of Child Chas. Wm Beck

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy			Yes	July 5 1919

FATHER

FULL NAME Chas Alonzo Beck

RESIDENCE Midvale Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Georgia E Sullivan

RESIDENCE Midvale, Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mo.

OCCUPATION Home Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmuck

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7-7 1919 F. A. Schmuck

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 3 1980

489-111-044-769

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 71481

Registered No. _____

Full Name of Child Cecil Eugene Uhrig

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			yes	July (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Paul Uhrig	FULL MAIDEN NAME	Florence V. Points
RESIDENCE	Midvale I	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Filed July 1919

_____ Registrar

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1970

366-124-044-893

CHILD'S NAME AND DATE OF BIRTH AMENDED 5/11/2000TLC

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 71482

Registered No. _____

Full Name of Child REX WEBB TOWELL

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 7 (Month) 24 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Frank Towell	FULL MAIDEN NAME: Rosa Nellie Hicks
RESIDENCE: Midvale Idaho	RESIDENCE: Midvale Idaho
COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)	COLOR: White AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Registrar

Filed 9-2-1919 F A Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-13-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Washington } ss.

Certificate No. 71482
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Towell (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 24, 1919 (Date of Event)
in Midvale (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rex Webb Towell
month of birth	July	August

Subscribed and sworn to before me this 10th day of May 2002.

Notary Public, Marcia I. Denney
Residing at Weiser, Idaho
My commission expires 10-25-05
(Seal)

MARCIA I. DENNEY NOTARY PUBLIC STATE OF IDAHO

X Rex Towell
Signature of Applicant
X RT 1 B 64
X 2309 Towell Rd Midvale Id 83645
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Washington } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May 2002.

Notary Public, Marcia I. Denney
Residing at Weiser, Idaho
My commission expires 10-25-05
(Seal)

MARCIA I. DENNEY NOTARY PUBLIC STATE OF IDAHO

Frank Towell
Supporting Signature
905 E. Commercial, Weiser, Id
Street Address, City, State

I cc pd

HOSPITAL BIRTH CERTIFICATE FROM WEISER MEMORIAL HOSPITAL, WEISER, IDAHO GIVES NAME AS ARLYN REX TOWELL BORN TO MR. & MRS. REX. W. TOWELL BORN JUNE 25, 1951 AT WEISER, IDAHO. FATHER'S NAME AS REX WEBB TOWELL BORN AUGUST 24, 1919. VIEWED BY VS

APPLICATION FOR INSURANCE FROM WESTERN FERM BUREAU OF LIFE INSURANCE CO., DENVER 2, COLORADO GIVES NAME AS REX WEBB TOWELL BORN AUGUST 24, 1919 AT MIDVALE, IDAHO. DATED SEPT. 8, 1960. VIEWED BY VS

243-131-0044-693

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 71483

Primary Registration District No. _____

Registered No. _____

Full Name of Child Buel Whalen Sutton

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Aug. 31 1919

FATHER

FULL NAME Wm Clay Sutton

RESIDENCE Midvale Idaho

COLOR White. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Beulah Opal Williams

RESIDENCE Midvale Idaho

COLOR White. AGE AT LAST BIRTHDAY 25. (Years)

BIRTHPLACE Ill.

OCCUPATION House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmid
Physician
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-2-1919 Fa Schmid
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 27 19

FEB 27 1961

DECEASED

2-9-220-044-243

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 71484

Primary Registration District No. _____

Registered No. _____

Full Name of Child Edna Louvina Barker

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
Female		yes	Aug. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry F Barker	FULL MAIDEN NAME	Rosa Louvina Sullins
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Midvale Idaho

Filed 9-1-1919 F A Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 10 1942

CERTIFICATE OF BIRTH

71484

File No.

Registered No.

Full Name of Child

	Twin Triplet or other?	Number and in order of birth	Legitimate?	DATE OF BIRTH
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of children of this mother including present birth ... Number of children of the mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Signature

Given name and address of supplemental report.

Address

Filed

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~Form U. S.~~ No. 11-C—20m-2-15-12

PLACE OF BIRTH

135-216 [illegible]

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 71485

Primary Registration District No. 2020 Registered No. 25

FULL NAME OF CHILD MARY Alexander

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	7 (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy E Alexander	FULL MAIDEN NAME	Charlotte Bartlett
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Mont
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:05 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D

(Physician or ~~midwife~~)

Given names added from a supplemental report

Address Mtn Home Idaho

19

Filed 7/20 1919 B. W. Mather

Registrar

Registrar

S-Y CO. 20174

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner

Certificate No. 71485

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Alexander
Date	July 16, 1919	July ~~17~~ 16, 1919

Subscribed and sworn to before me this 13
day of May, 1942

Signed Roy Alexander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blanchard

My commission expires May 20 - 1944
(Seal)

Blanchard Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

_____
(Street Address, City, State)

MAY 14 1942

MAY 18 1942

MAR 23 1971

255-220-

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

020-319

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 71486

Primary Registration District No. 2020 Registered No. 24

FULL NAME OF CHILD Bennett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. L. Bennett	FULL MAIDEN NAME	
RESIDENCE	Mtn Home Ida.	RESIDENCE	Mable Carter Mtn. Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Canada
OCCUPATION	Ranching	OCCUPATION	Hwife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 3:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

M D (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 7/28 1919 B W Mather Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 191... (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... , at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed ..... 19.....

..... Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-102020 396

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 71488

Primary Registration District No. 2020 Registered No. 21

FULL NAME OF CHILD Roland Eugene Deaton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	6 (Month) – 2 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond C Deaton	FULL MAIDEN NAME	Ruth H Crankhite
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N Carolina	BIRTHPLACE	Wisconsin
OCCUPATION	Railroad clerk	OCCUPATION	Hwife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:05 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 6/5 1919 B U Mather

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Gov. Print. Office—1915—15-12

769-163-020-534 (Be sure the information is complete and accurate)

Amended 3-10-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71489
Local Reg. No. 20
Reg. Dist. No. 34

1. PLACE OF BIRTH
a. COUNTY: Elmore
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alexander
b. (Middle):
c. (Last): Goitiandia

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 3, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Goitiandia

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Spain

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Juana
b. (Middle):
c. (Last): Echebarrieta

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: B. W. Mather

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Mountain Home, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5/4/1919

22. REGISTRAR'S SIGNATURE: B.W. Mather

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 71489

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Goitiandia (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1919 (Date of Event)
in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church + school record (Bible Record, Insurance Policy, Etc.) prepared on June 14, 1919 Sept 1926-1931 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alexander Goitiandia
Full Maiden Name of Mother	Eugenia Gabina	Juanita Echebarrieta

Subscribed and sworn to before me this 3rd day of March 1965.
Delaris W. Mansur
Notary Public, residing at Boise, Idaho
My commission expires April 24, 1966
(Seal)

Signed Gloria Goitiandia Gardner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
5608 Lynwood Dr. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1965
Delaris W. Mansur
Notary Public, residing at Boise, Idaho
My commission expires April 24, 1966
(Seal)

Signed Gabina Goitiandia Mungo
(Signature of Any Credible Person)
4711 Shylie Lane Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2-10-65. nm

C-882

Statement from Camden B.Meyer, Supt. ofSchools, states "The school records of this the Minidoka County Schools, Rupert, Idaho, indicate that Alexander Goitandia was born on the 3rd day of May, 1919 at Mountain Home, Idaho, the son of John and Eugenia Scheverria Goitandia. He attended Lincoln School of the Minidoka County School system from September-1926 through May-1931. This would include grades 1 through 5." - viewedby V.S.

Social Security Card, #530-01-4841 gives full name as Alexander Goitiandia - viewed by V.S.

Cert. Copy of Marriage License and Certificate, State of California, city and county of San Francisco - married Nov. 30, 1907 in San Francisco, California - gives full name of groom as Bautista Goitandia and full name of bride as Juana Echebarrieta - cert. copy issued by Edmond Godchaux, Recorder on May 20, 1926 - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #60-882 gives full name of deceased as Juana Goitiandia - born June 24, 1883 in Murelaga Viscaya, Spain - maiden name is given as Echebarrieta - viewed by V.S.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 71489

Primary Registration District No. 2020 Registered No. 20

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	May 3rd 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Goitiandia	Eugenia Gabina
RESIDENCE	Mtn Home	Mtn Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 30 A. M. on the date above stated.

(Signature) Bud Mathes

(Physician or midwife)

Address Mtn Home,

Filed 5/14 1919 Bud Mathes
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

6-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1965
MAR 10 1965

113-124-020-557

Form V. S. No. 11-C—20m-2-15-19

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71490

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 26

FULL NAME OF CHILD Jacobs, Gaylord Franklin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Jacobs	FULL MAIDEN NAME	Ottie Engelman
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D

(Physician or midwife)

Given names added from a supplemental report

Address Mtn Home Ida.

19

Filed 7/30 1919 B W Mather

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 71490
Date Filed 7-30-19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for no name Jacobs (Name on original certificate) who born (Was born or died) on July 24, 1919 (Date of event)
in Boise, Ada Co. Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Gaylord Franklin Jacobs

Subscribed and sworn to before me this 25th day of Nov., 1941

Francis McKenna
Notary Public, residing at Boise Idaho.
My commission expires Nov. 6, 1944
[SEAL]

Signed Grant Jacobs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of Nov., 1941

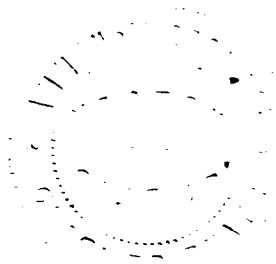
Francis McKenna
Notary Public, residing at Boise Idaho.
My commission expires Nov. 6, 1944
[SEAL]

Signed Mrs. Frank Jacobs.
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 21 1942



365-230-020-148

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]-C—20m-2-15-12

Registration District No. 34 File No. 71491

Primary Registration District No. 2020 Registered No. 27

FULL NAME OF CHILD Love - CLARA MAXINE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) — 30 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm J Love	FULL MAIDEN NAME	Lizzie Ady
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Ranching	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D (Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Mtn Home Ida.

Filed 8/4 1917 B W Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 27 1951

DECEASED

493227.020-415

PLACE OF BIRTH

County of Elmore

City of 7 Miles West of Hill City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 71492

Primary Registration District No. 2020

Registered No. 15

FULL NAME OF CHILD Anania Mills

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	April 29

FATHER		MOTHER	
FULL NAME	Henry Mills	FULL MAIDEN NAME	Stella Daniels
RESIDENCE	Hell City, Idaho.	RESIDENCE	Hell City, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Alabama.	BIRTHPLACE	Texas.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Mills (per Dr L Wilencheck)

(Physician or midwife)

Address Hell City, Idaho

Given names added from a supplemental report.

.....19.....

Filed 6/10 19 17

.....
Registrar

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

AUG 30 1960
SEP 13 1960

432-108-020-593

Form V. S. No. 11-C

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 71493

Primary Registration District No. 2020 Registered No. 22

FULL NAME OF CHILD McKenna Don F.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—		—	Yes	6	8	1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M L McKenna	FULL MAIDEN NAME	Lucy A Ertz
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Ill
OCCUPATION	Trucking or freighting	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 12:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S E Evans

M D

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 6/10 1919 Bill Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-[illegible]-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

...nty of

4 22 75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 9 11 10 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 71493

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McKenna (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1919 (Date of Event)
in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Donald Francis McKenna

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SACRAMENTO

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 TH day of
JUNE, , 19 75

Notary Public, residing at 3301 - 52nd St. SACTO., CA. 95820
My commission expires AUGUST, 1978
(Seal)

Signed Phil S. Roberson
(Signature of Any Credible Person)

3120 WINDSOR DR.
SACTO., CA.
95859
(Street Address, City, State)

OFFICIAL SEAL
STAN SHELTON
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Expires August 29, 1978

FORM DH 60-155

1 copy paid Rec. # 06071

Insuracne Policy from Idaho Mutual Benefit Assoc. gives name as Don F. McKenna born June 8, 1919. dated Nov. 13, 1954. Viewed by V. S.

JUL 1 1975

Honorable Discharge from the U.S. Army gives name as Don F. McKenna. dated Oct. 30, 1945. viewed by V. S.

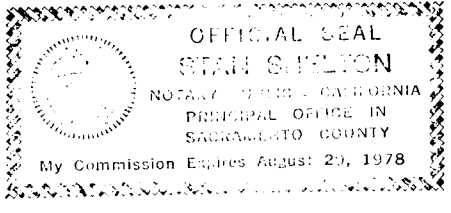
State of CALIFORNIA

County of SACRAMENTO

} SS.

On this the 5TH day of JUNE 19 75, before me,

the undersigned Notary Public, personally appeared



Known to me to be the person(s) whose name(s) IS subscribed to the within instrument and acknowledged that HE executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 5 DAY OF JUN 19 75

Stan Shelton

NOTARY PUBLIC - CALIFORNIA

GENERAL ACKNOWLEDGMENT FORM

SMS-2760-2760

631-204-020-631

Amended Sept 12, 1962

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 71494
Local Reg. No. 34
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Elmore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Elmore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Rosario b. (Middle): c. (Last): Ocamica

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		May	4,	1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS			

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Maria		Ocamica	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
35 YEARS	Spain	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: B. W. Mather

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Mtn Home

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5-5-1919

20. REGISTRAR'S SIGNATURE: B. W. Mather

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Canyon } ss.

Certificate No. 71494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ocamega (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1919 (Date of Event) in Mtn Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Rosario Ocamica
Mother's Name	Maria Ocamega	Maria Ocamica

Subscribed and sworn to before me this 28th day of May, 1962

Notary Public, residing at Nampa, Idaho

My commission expires 5/16/67

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

Certificate of Baptism, Church of Good Counsel, Mountain Home, Idaho dated July 20, 1929, D. L. McElligott, Pastor, gives name as Rosario Ocamica and mother's name as Maria Ocamica, baptized June 16, 1919. viewed by V.S.

Marriage License and Marriage Certificate dated May 26, 1940 gives name as Rosario Ocamica Urresti married to Simon Arana. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71494

County of Elmore

City of Mtn Home — Registration District No. 34 — File No.

No. — St.

Primary Registration District No. 2020 — Registered No. 19

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	No	May 4th 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Maria Camega
RESIDENCE	Unknown	RESIDENCE	Mtn Home
COLOR	Unknown	COLOR	W
AGE AT LAST BIRTHDAY (Years)	Unknown	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Unknown	BIRTHPLACE	Spain
OCCUPATION	Unknown	OCCUPATION	Wife

Number of child of this mother, including present birth One — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 2.50 A. M. on the date above stated.

(Signature) B. W. Walker

(Physician or ~~midwife~~)

Address Mtn Home

Filed 5/5 19 19 — B. W. Walker Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 36071

OCT 12 1962

FEB 27 1981

236-112-020-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

71496

County of Elmore

City of Mountain Home

Registration District No. 34

File No.

No. — St.

Primary Registration District No. 2020

Registered No. 23

Hospital —

FULL NAME OF CHILD Stone

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	June (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur V Stone	FULL MAIDEN NAME	Alice G. Thompson
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	New Hampshire
OCCUPATION	Farming	OCCUPATION	Hwife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 6:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mountain Home Ida

Filed 6/15 1919 B W Mather Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-217-020-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71497

Registration District No. 34 File No. 29

Primary Registration District No. 2020 Registered No. 29

FULL NAME OF CHILD Wilson, Lillian Mable

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W Wilson	FULL MAIDEN NAME	Lillian E Underwood
RESIDENCE	Mtn Home Ida	RESIDENCE	Lillian E Underwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	California	BIRTHPLACE	Mont
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 8/21 1919 B.W. [illegible] Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 16 1948

County of

873-126-020-514

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No. 71498

Primary Registration District No. 2020 Registered No. 18

FULL NAME OF CHILD Esther Yglesias

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May (Month) 26 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Saturnino Yglesias	FULL MAIDEN NAME	Bufina Nadriondo
RESIDENCE	Mtn Home, Ida.	RESIDENCE	Mtn Home Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep man	OCCUPATION	Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida.

Filed 6/1 1919 Bu Mather
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1742 10m-5-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

279-226-027-313

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

[redacted]

Form V. S. No. 11—25m-6-15-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 17-2017

File No. 71499

Registered No. .....

Full Name of Child Boby Spicer. Evelyn Max

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F.	1 pt	yes	Aug 26 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mont Spicer.	FULL MAIDEN NAME	Clarence Elm Talkington.
RESIDENCE	Jerome.	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20.	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Texas	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas F. Zeller

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho

Filed Sept 2 19 E. D. Pfn M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 31, 1940. E.W.

289-123-027-517

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

[illegible] OF IDAHO
[illegible] VITAL STATISTICS
[illegible]FICATE OF BIRTH

71501

Registration District No. 23

File No. .....

Primary Registration District No. 17-2017

Registered No. .....

Full Name of Child Yoshio Shita (Shiba)

SEX OF CHILD M	~~Twin~~ Triplet or other? (To be answered only in event of plural births) and Number in order of birth 3rd	Legitimate? yes	DATE OF BIRTH Mar 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ryokichi Shita	FULL MAIDEN NAME	Anne Nagasawa
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pifer M.D.

(Physician or midwife)

Given names added from a supplemental report photostat - 11/13/43 19....

Address Jerome Idaho

Filed Sept 2 1919 E. D. Pifer Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

[illegible]

[illegible] OF IDAHO
[illegible] VITAL STATISTICS
[illegible] CERTIFICATE OF BIRTH

[illegible]

PLACE OF BIRTH

[illegible] of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
[illegible]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Yoshio Shiba

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	No	2nd.	yes	Mar. 23 1919
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Ryokichi Shiba	FULL MAIDEN NAME Sumi Nagasawa
RESIDENCE Jerome	RESIDENCE
COLOR Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 2 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Keller M.D.

Jerome Ida (Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed ..... 192.. .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

NOV 13 1943

319-231-027-413

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11

Registration District No. 23

File No. 71502

Primary Registration District No. 2-017

Registered No. .....

Full Name of Child Unnamed Larsen Gladys Kerri

SEX OF CHILD F	~~Twin Triplet~~ or other? and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin F Larsen	FULL MAIDEN NAME	Thruss Malben
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho

Filed Sept 2 1919 E. D. Piper M.D.

Registrar

Registrar

WHITE PLAINLY WITH UNFADING .....

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 5 1965

813-217-027-765

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home Helen Lillian

Form V. S. No. 11—25m-6-15-18

STATE OF IDA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71503

Registration District No. 33 File No. .....

Primary Registration District No. 17-2017 Registered No. .....

Full Name of Child Unnamed Holmquist

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth 1 Ot (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 7 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Elmer C. Holmquist	FULL MAIDEN NAME Mabel Carlton
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Ot Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Piper M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho

Registrar

Filed Sept 2 1919 E. E. Piper M. D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/2/41. w.h.

JUN 20 1956

491-229027-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital Home.

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 71504

Primary Registration District No. 017-2017 Registered No. ____

Full Name of Child PEARL IRENE ~~Annament~~ Draper.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.		5	Yes.	July 29 19

FATHER		MOTHER	
FULL NAME	Leland Draper.	FULL MAIDEN NAME	Hester Maud Cherry
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth ____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19....

Filed Sept 2 1919 E. D. Piper M. D.

Registrar

..... Registrar

Approved For Release 2001/08/01 : CIA-RDP78-04718A000100010001-1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 71504

Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pearl Irene Draper (Name on Original Certificate) who Born (Was Born or Died) on Aug 29th 1919 (Date of Event)
in Fremont Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Pearl Irene Draper

Subscribed and sworn to before me this 3rd
day of Nov, 1942

Myrtle Higgins
Notary Public, residing at Fremont

My commission expires Oct 25--1945
(Seal)

Signed Pearl Irene Draper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 10 1980

386-202-027-916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71505

Primary Registration District No. 1017-2017 Registered No. .....

Full Name of Child Thompson

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	—	—	Yes	Sept 2 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. Clyde Thompson	Alta Rawson
RESIDENCE	Jerome	Jerome
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	40
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Hardware Merchant	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pike M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Sept 2 19 17 E. D. Pike M.D.

Registrar

Given names added from a supplemental report

..... 19....

Registrar

753-225-227-234

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 71506

Primary Registration District No. 1017-2017

Registered No. ____

Full Name of Child unnamed Peterson

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	—	—	Yes	May 25 19 17

FATHER

FULL NAME Homer Peterson

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Olive Blunt

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Home wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Piper M. D.

(Physician or midwife)

Address Jerome Idaho

Filed Sept 2 19 17 E. E. Piper

Registrar

Given names added from a supplemental report

..... 19....

.....

Registrar

INK—THIS IS A PERMANENT RECORD

...nuid at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-210-027-649

Amended Oct. 16, 1969

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

~~Hospital~~ Home

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 71507

Primary Registration District No. 10 M-2017

Registered No. .....

Full Name of Child MARY BLANCHE MORRIS

SEX OF CHILD	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	6	Yes	Aug 10 1969

FATHER		MOTHER	
FULL NAME	Augustus T Morris	FULL MAIDEN NAME	Florence Gertrude Furgerson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas A Zeller

(Physician or midwife)

Address Jerome Idaho

Filed Sept 2 1969 E. E. Ryan M.D.

Registrar

Given names added from a supplemental report

..... 19....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 13 1969
Bureau of Vital Statistics

State of Idaho } ss.
County of Jerome }

Certificate No. 71507

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Morris (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1919 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on August 10, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Blanche Morris

Subscribed and sworn to before me this 9 th day of October, 19 69

Notary Public, residing at Jerome, Idaho
My commission expires 2-6-72
(Seal)

Signed Florence Morris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 E-D. Apt 2. Jerome Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 19 69

Notary Public, residing at Jerome, Idaho
My commission expires 2-8-72
(Seal)

Signed Eunice M Davis
(Signature of Any Credible Person)

P.O. 422 - Wells Nevada
(Street Address, City, State)

Form DH 60-155

CL 2-23-61. one copy pd. receipt #12592.

Social Security card #541-16-3502 issued Sept. 13, 1938 to Mary Blanche Morris.
Viewed by V. S.

OCT 1 6 1969

Marriage certificate issued by Nevada #3406 to Fred Stremler and Blanche Morris Augu
17, 1942. Jerome , Idaho by J. A. McFarlane, Justice of the Peace of Elko Township.
Viewed by V.S.

Family record , obviously very old, gave name as Mary Blanche Morris, born August 10,
919. Viewed by V. S.

386-110-027-544

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

71508

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital Home

Registration District No. 23 File No. 71508

Primary Registration District No. 017-2017 Registered No. _____

Full Name of Child _____

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth: 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug 10 19 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Farley Gilbert Thompson	FULL MAIDEN NAME: Elizabeth Alice Humoaker
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas A Zeller

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Jerome Idaho

Filed Sept 2 1919 E. O. P. [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-221-027-356

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23 File No. 71509

Primary Registration District No. 1017-2017 Registered No. .....

Full Name of Child Lois Lotspeich

SEX OF CHILD 2	Twin / Triplet / or other? and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH June 21 19 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Benton Lotspeich	FULL MAIDEN NAME	Erma Irene Levhner
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 20 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas A. Zeller

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho

Filed Sept 2 1919 E. E. [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 30 1974

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 17 10 34 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71509

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lotspeich (female) (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1919 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lois Irene Lotspeich

Subscribed and sworn to before me this 19 day of June, 1974.

Notary Public, residing at Elmira, Washington

My commission expires 7-1-77

(Seal)

Signed Hiram Burton Lotspeich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

160 Diamond Street, Auburn, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL5/30/74

Social Security Card (519-05-3181) gives name as Lois Lotspeich Ogden. dated 6-28-39. viewd by V. S.

JUL 9 1975

Baptismal record from First Presbyterian Church of Clarkston, Washington gives name as Mrs. Eldrich Goden (Lois Lotspeich) dated Apri 14, 1960. viewed by V. S.

3 19 102 027 - 168

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital Home

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71510

Primary Registration District No. 017-2017 Registered No. ____

Full Name of Child Henry Wilfred Larsen.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH
M.	and	9th	Yes	July 2 19 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Carl M. Larsen.	FULL MAIDEN NAME Emma M. Johnson.
RESIDENCE Jerome	RESIDENCE Jerome.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Denmark.	BIRTHPLACE Denmark.
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F Zeller. (Physician or midwife)

Address Jerome Idaho

Filed Sept 8 1919 E. O. Ryan M.D. Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

853-224-027-652

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71511

Primary Registration District No. 1017-2017 Registered No. .....

Full Name of Child Esther L. unnamed Helmick

SEX OF CHILD A	~~Twin Triplet or other?~~ and Number in order of birth 3rd (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 24 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Helmick	FULL MAIDEN NAME	Susie Jane Wash
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas F. Zeller

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho

Filed Sept 2 1919 E. O. Pfn

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1949

AUG 11 1

566-219-027-213

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 71512

Registration District No. 23 File No. ____

Primary Registration District No. 12 2017 Registered No. ____

Full Name of Child [redacted] Eoff, Ruth Camilla

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
F		3rd	Yes	July 19 (Month) (Day) 19 17 (Year)

FATHER	MOTHER
FULL NAME Edward Eoff	FULL MAIDEN NAME Minnie C. Bates
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ill.
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas A Zeller

(Physician or midwife)

Address Jerome Idaho

Filed Sept 7 19 17 E. D. Fitzer Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 24, 1941. E.W.

OCT 24 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
289-120-027-643
County of Jerome
City of Jerome
No. ..... St.
Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 10-3-45

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71513
Primary Registration District No. 017 Registered No. 2017

FULL NAME OF CHILD Thomas Wildey Shillington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	Yes	Aug. 20 19

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Roy Harold Shillington	FULL MAIDEN NAME	Martha Ellen Fulkerson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Dr. Chas. F. Zeller
M. D.
(Physician or midwife)

Address Jerome, Idaho

Filed Sept. 2, 19 E. D. Piper
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 71513

OCT. - 1 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Shillington	Thomas Wildey Shillington

Subscribed and sworn to before me this 29th day of September 1945

William E. Constock
Notary Public, residing at Jerome Idaho

My commission expires 2nd Monday 1-47.

(Seal) Probate Judge & Ex-Offico Clerk

Signed Martha Ellen Shillington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September 1945

William E. Constock
Notary Public, residing at

My commission expires 2nd Monday 1-47.

(Seal) Probate Judge & Ex-Offico Clerk

Signed W. T. Fulkerson
(Signature of Any Credible Person)

Jerome Idaho
(Street Address, City, State)

OCT 19

NOV 8 19
NOV 14 19

Amended
10-3-45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71513

Registration District No. 23 File No. .....

Primary Registration District No. 017-2017 Registered No. .....

Full Name of Child unnamed Shillington

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M	1st	Yes	July 20 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Harold Shillington	FULL MAIDEN NAME	Martha Ellen Fulkerson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas F. Zeller
M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho

Filed Sept 2 1919 E. D. Piper
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-213-027-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71514

County of Jerome

City of Hazelton

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017-2017

Registered No.

Hospital Home

FULL NAME OF CHILD Ruth Elaine Newman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			Aug. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Clayton Newman	FULL MAIDEN NAME	Elaine Anna Schlachter
RESIDENCE	Hazelton Idaho	RESIDENCE	Mo Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Crown Point, Indiana.	BIRTHPLACE	Cincinnati, Ohio.
OCCUPATION	Farming	OCCUPATION	Hswife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. E. Newman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Hazelton Idaho

Filed Sept 2 1919 E. D. Pipes M.D.

Registrar

Registrar

S-Y-CO 36071

STATE OF IDAHO

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71518

County of [illegible]

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD William Glenn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	Yes	Aug 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Jesse Glenn	FULL MAIDEN NAME	Wandy Elizabeth Farlien
RESIDENCE	Cambridge - Idaho	RESIDENCE	Cambridge - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2110 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) R. W. McLennan M.D.

(Physician or midwife)

Address Cambridge Idaho

Filed Sept 1 1919 C. S. Schwartz Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-229-
PLACE OF BIRTH
023-763

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71519

County of Gem

City of Emmett

Registration District No. 1010 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 8 (Month) 29 (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Roland Guy Martin	FULL MAIDEN NAME	Marie Harriett Polly
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	W	AGE AT LAST BIRTHDAY (Years) 38	COLOR W	AGE AT LAST BIRTHDAY (Years) 24
BIRTHPLACE	Nebraska	BIRTHPLACE	Montanna
OCCUPATION	Common Labor	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/1 1917 J. L. Reynolds

Registrar

723-127-
PLACE OF BIRTH
023-867
County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S.-No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

71520

City of Emmett — Registration District No. 10-10 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No.

Hospital

Full Name of Child Carl Ostersberg

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes	8 22 19

FATHER		MOTHER	
FULL NAME	John Ostersberg	FULL MAIDEN NAME	Rota Hogberg
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Millwork	OCCUPATION	House wife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds
Emmett Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed 8-30 19 19 J. D. Reynolds
Registrar

...e than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
...—THIS IS A PERMANENT RECORD

JUN 5 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

696-126 023-[illegible]

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1010

File No. 71521

Primary Registration District No. _____

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Froid	FULL MAIDEN NAME	Hilma Martin
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Saw Mill work	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Emmett

Registrar

Filed 8/26 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-124-023-696

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71522

County of Ada

City of Emmett

No. _____ St.

Registration District No. 1020

File No. _____

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Ok Willis K. Malmstrom

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	5 14 19

FATHER		MOTHER	
FULL NAME	Charles B Malmstrom	FULL MAIDEN NAME	Hattie Frost
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Calif.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10. Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5/24 19 19 J. L. Reynolds

Registrar

269-224-023-755

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6

CERTIFICATE OF BIRTH

Registration District No. 10 20

File No. 71523

Primary Registration District No. _____

Registered No. _____

Full Name of Child Idella Borup

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.				May 14 1917

FATHER

FULL NAME: William Thomas Borup

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: Saw Mill Work.

MOTHER

FULL MAIDEN NAME: Essie Lee

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Wyoming

OCCUPATION: House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 5/24 1917 J. D. Reynolds

Registrar

...en names added from a supplemental report.

..... 19.....

Registrar

. at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1973

612-113
PLACE
023-64
County of [redacted]
City of E
No. _____ St.
Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 1020 File No. 71524
Primary Registration District No. _____ Registered No. _____

Full Name of Child Myrl Irene Washburn

SEX OF CHILD: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | DATE OF BIRTH: 8 (Month) 13 (Day) 14 (Year)

FATHER

FULL NAME: Edward H Washburn
RESIDENCE: Emmett
COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Oregon
OCCUPATION: Common labor

MOTHER

FULL MAIDEN NAME: Elsie Eliza Fuller
RESIDENCE: Same
COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Home wife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
Emmett (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____
_____ Registrar

Filed 8/15 1914 J. L. Reynolds Registrar

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-11 PLACE - 859

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71525

County of Ada

City of Emmett Registration District No. 1020 File No.

No. St. Primary Registration District No. Registered No.

Hospital

Full Name of Child Frank Eugene Carpenter

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	5/13/19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Winsor Carpenter	Sophia Loretta Hegedine
RESIDENCE	Emmett	Emmett Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Neb	Oregon
OCCUPATION	Electrician	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 35/60 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

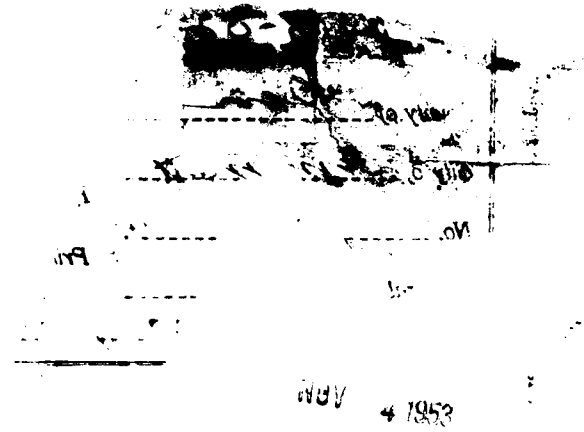
Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5/15 1917 J. L. Reynolds Registrar

FEB 25 1942



959-212-02 522

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 1020

File No. 71526

St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Nellie Jeryenson

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	8 (Month) 12 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	William Henry Jeryenson	FULL MAIDEN NAME	Florence Harriet Elstron
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	3K (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

Emmett Ida (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8/14 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for ea of each, in order of birth stated.

VERGENSON

Z - EKSTROM

dup of 1919-250283

155·119·023-488

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 1010

File No. 71527

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Donald Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norwald Cornelius Jensen	FULL MAIDEN NAME	Clara Thalma Myrna
RESIDENCE	Talk Store Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norwegian	BIRTHPLACE	Minnesota
OCCUPATION	Contract Work	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett Idaho

Filed 8/18 1917 J L Reynolds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-18-40 amp

NOV 21 1967

643-110-023-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 1090 File No. 71528

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD James Fuller Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8-10 1917

FATHER		MOTHER	
FULL NAME	James Madison Fuller	FULL MAIDEN NAME	Jennie Annavee Moore
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	65	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Stock raising	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

....19....

....
Registrar

Filed 8/12 1917 J. L. Reynolds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

695-102-023-269

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71529

County of Gem

City of Emmett Registration District No. 1010 File No.

No. St.

Primary Registration District No. Registered No.

Hospital ~~Ray F~~

FULL NAME OF CHILD ~~Ralph~~ Freeman, Raymond S.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Junius Oscar Freeman	FULL MAIDEN NAME	Myrtle Sorensen
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stock growers	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett Ida

Filed 7/3 1919 J L Reynolds Registrar

S-Y-CO. 38071

...se of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 71 [illegible]9
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ray F.	Raymond S. Freeman

Subscribed and sworn to before me this 12
day of April, 19 43
Pauline Ambrose
Notary Public, residing at Boise
My commission expires ~~[illegible]~~ 1/14/47
(Seal)

Signed J. O. Freeman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 1 2 1943

394-101-023-238

PLACE OF BIRTH

Form V. S. No. 11- 25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71530

County of Gem

City of Emmett

Registration District No. 1020

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Wayne Allen Limbaugh

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
White				yes	Sept 1 1919

FATHER		MOTHER	
FULL NAME	Tony Allen Limbaugh	FULL MAIDEN NAME	Elizabeth Schadt
RESIDENCE	Emmett Idaho	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 4 M. on the date above stated.

(Signature) J. K. Reynolds

(Physician or midwife)

Address Emmett

Filed 9/3 19 17 J. K. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1943

494-218-023-355

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

Registration District No. 1090

File No. 71531

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Elizabeth May Drury

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 18 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward V Drury	FULL MAIDEN NAME	Florence Lee
RESIDENCE	Letha Ida	RESIDENCE	Same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Filed 8/22 1919

J L Reynolds
Registrar

K

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 19

SEP 8 1952

DECEASED

218/17-023-229

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71532

County of Elmore

City of Sweet

Registration District No. 1020 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Robert ~~[illegible]~~ ALFRED Baynton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Aug 17 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Alpheus Baynton	FULL MAIDEN NAME	Mercy E Skiffen
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) J. A. Reynolds

(Physician or midwife)

Address Emmett Idaho

Filed 8/30 1917 J. A. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 71532

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Alpheus Boynton (Name on Original Certificate) who Born (Was Born or Died) on August 17, 1919 (Date of Event)
in Sweet, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 17, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Robert Alpheus Boynton	Robert Alfred Boynton

Subscribed and sworn to before me this 24th day of February, 19 42

Notary Public, residing at Gresham, Oregon

My commission expires Oct. 31, 1943
(Seal)

Signed A. W. Boynton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boring, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1942

Notary Public, residing at Portland Oregon

My commission expires December 6, 1943
(Seal)

Signed Zae B. Ralfe
(Signature of Any Credible Person Other Than Previous Year)

1881 S.W. 11th, Portland, Oregon
(Street Address, City, State)

MAR 2 6 1942

154-108-
028-165

PLACE OF

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71533

County of Kootenai

City of Rose Lake

Registration District No. 126 File No. 3

No. ..... St.

Primary Registration District No. 2304 Registered No. 16

Hospital .....

FULL NAME OF CHILD Elmer Iver Anderson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	August 8 1917

FATHER		MOTHER	
FULL NAME	Fred W. Anderson	FULL MAIDEN NAME	Laura Mary Jones
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Newberry, Michigan	BIRTHPLACE	Grand Marais, Michigan
OCCUPATION	Laborer, Lumber piler	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician

(Physician or midwife)

Address Rose Lake Idaho

Given names added from a supplemental report.

.....19.....

Filed Sept 1 19 17

.....
Registrar

.....
Registrar

921.209.228867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71534

Registration District No. 126 File No. 3

Primary Registration District No. 1204 Registered No. 15

FULL NAME OF CHILD Kathleen Isaacson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	August 9 19

FATHER	MOTHER
FULL NAME Edward William Isaacson	FULL MAIDEN NAME Clara Ethel Hogadone
RESIDENCE Rose Lake	RESIDENCE Rose Lake
COLOR white	AGE AT LAST BIRTHDAY 38 (Years)
COLOR white	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Calumet, Michigan	BIRTHPLACE Grand Rapids, Michigan
OCCUPATION expert accountant	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer, physician (Physician or midwife)

Address Rose Lake Ida

Given names added from a supplemental report. ..... 19.....

..... Registrar

Filed Sept 5 19 19 J. M. Freeman Registrar

245.129.028-434

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71535

Registration District No. 126

File No. 3

Primary Registration District No. 2204

Registered No. 14

Full Name of Child Charles William Smelcer

SEX OF CHILD: Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: July 29 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Chester Arthur Smelcer	FULL MAIDEN NAME: Mary Elizabeth McDougal
RESIDENCE: Rose Lake Idaho	RESIDENCE: Rose Lake Idaho
COLOR: white — AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Reardan Wash	BIRTHPLACE: Missouri
OCCUPATION: Engineering	OCCUPATION: house keeping

Number of child of this mother, including present birth: five — Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 29 19 (Born alive or stillborn), at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. McCormick (Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address Rose Lake Idaho

Registrar

Filed Sept 1 19__ J. Fenney Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 5 1974

JUN 2 7 1974

386-104-
025-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF B[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida[redacted]

City of Kooskia

Registration District No. 106

File No. 71536

No. ..... St.

Primary Registration District No. 2184

Registered No. 25

Hospital .....

FULL NAME OF CHILD John ~~Hauer~~ Hans Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 4 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Haakon Theodore Theodore Haakon Thompson	FULL MAIDEN NAME Alice Minnie Brown
RESIDENCE Elk City - Idaho	RESIDENCE Elk City - Idaho
COLOR White — AGE AT LAST BIRTHDAY 42 (Years)	White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Norway	BIRTHPLACE Kansas
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed Aug 31 1919 J.M. Verberkmoes Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
Department of Public Health
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth

Certificate No. 71536
Dated Filed

State of Idaho:
ss
County of Idaho

The undersigned does solemnly swear that certain facts on the certificate of birth for JOHN HANCE THOMASON, who was born on August 4, 1919, at Kooskia in Idaho County, Idaho, are erroneous, and that to the best of the knowledge of the undersigned, the true facts are shown by lodge records, school records, prepared at divers times during the life of the father and the marriage of the father and mother.

Facts to be Corrected.	From	To
Name of child:	John Hance Thomason	JOHN HANS THOMPSON
Name of father:	Theodore Hauken Thomason	HAAKON THEODORE THOMPSON
Name of mother:	Minnie Brown	MINNIE ALICE BROWN

That owing to the fact that when the said father first attended school the teacher and school authorities recorded his name by spelling the surname THOMPSON, the parents of said child and the other children of said parents for all usual, ordinary purposes and business adopted and used the surname so spelled THOMPSON; and they have always been and are now known as THOMPSON.

Haakon Theodore Thompson
Father

Minnie Alice Thompson
Mother

Subscribed and sworn to before me this 16 day of June, 1941.

Notary public for State of Idaho
Residing at Coeur d'Alene Idaho
My commission expires:
July 23, 1943

APR 5 1949

MAR 29 1949

14-11-9

Supporting Affidavit of a Second Person

State of Idaho :
ss
County of Idaho:

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Reuben McGregor

Subscribed and swornto before me this 16 day of June, 1941.

Alma Lewis

Notary Public for State of Idaho
Residing at Elk City Idaho,
My commission expires:
July 23, 1942

295-107-025-7X5

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

Registration District No. 106

File No. 71537

No. ..... St.

Primary Registration District No. 2184

Registered No. 26

Hospital .....

FULL NAME OF CHILD John Milton Kribs

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip Sterling Kribs	FULL MAIDEN NAME	Mary Nancy Gunter
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Arkansas
OCCUPATION	General work	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W W Unhoorth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites, Ida

Registrar

Filed Aug 31 1919

J M Verbeckmoes

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1942

493-209-025-686

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 71538

Primary Registration District No. 2184 Registered No. 27

FULL NAME OF CHILD Frances Lucille Millard

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred C Millard	FULL MAIDEN NAME	Frances Chwalla
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Austria
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Registrar

Filed Aug 21 1919 J M Weber Kmors

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1976

OCT 6 1952

264-211-025-264

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71539

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 28

FULL NAME OF CHILD Margaret Lucile Bodenhofer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	Aug (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles McPherson	FULL MAIDEN NAME	Mildred Bodenhofer
RESIDENCE	Clearwater - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	about 18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho - (?)	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekinnes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed Aug 31 1919 J M Verbeekinnes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168-113-025-294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71540

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 29

FULL NAME OF CHILD PERCY Albert Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 13 1912

FATHER

FULL NAME Albert Johnson

RESIDENCE Kooskia - Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Minnesota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Kidder

RESIDENCE Kooskia - Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberkuns

Physician (Physician or midwife)

Address Kooskia - Idaho

Filed Aug 31 1912 J M Weberkuns Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington)
)ss
County of Whatcom)

Certificate No. 71540

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (birth or death) for Percy Albert Johnson (Name on original certificate) who August 12th 1919 (was born or died) on (Date of event) in (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Bible Record (Bible record, insurance plcy.etc.) prepared on made about Aug 12th 1919 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	Albert Johnson	Percy Albert Johnson

Subscribed and sworn to before me this 16th day of September 1941

Signed Carrie Fuqua attendant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fred M Neal
Notary Public
Residing at Bellingham, Wash

2631 Humboldt Bellingham Wash
(Street address, City, State)

My commission expires Aug 7 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of Whatcom)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of September 1941

Signed Elton M. Fuqua
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at Bellingham
Whatcom County Washington

2631 Humboldt St Bellingham, Wash
(Street address, City, State)

My commission expires August 7th 1943
(SEAL)

365-219-025-764

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71541

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 30

Hospital

FULL NAME OF CHILD Helen Tweedy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 19 1919

FATHER		MOTHER	
FULL NAME	Eugene Tweedy	FULL MAIDEN NAME	Bertha Godown
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Weberknecht

Physician (Physician or midwife)

Address Kooskia - Idaho

Filed Aug 19 1919 J. M. Weberknecht Registrar

Given names added from a supplemental report

.....19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-021-025-469

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

[redacted] IDAHO
BU... STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

Registration District No. 106

File No. 71542

Primary Registration District No. 2184

Registered No. 31

FULL NAME OF CHILD Lola Corinne Pitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug. 21 1919

FATHER		MOTHER	
FULL NAME	Frank Pitt	FULL MAIDEN NAME	Maude May Morse
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	S. Dakota	COLOR	White
OCCUPATION	Forest Ranger	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Cayuse - Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 45 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 31 19 19 J. M. Verbeck M.D.
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-205-044-493

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 56 File No. 71543

Primary Registration District No. 2112 Registered No. 1

FULL NAME OF CHILD Mariam Derbin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter W Derbin	FULL MAIDEN NAME	Jennette Mickey
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Galubria Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walchouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Weiser Ida

Filed Aug 1st 1919 W. P. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-105-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 71544

No. ..... St.

Primary Registration District No. 1000

Registered No. 2

Hospital .....

FULL NAME OF CHILD FRED CHARLES Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jul 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Morrison	FULL MAIDEN NAME	Mabel Burgess
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:25 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

..... 19.....

Filed May 1st 1919 Dr R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 71544

County of Washington } Date Filed MAR [illegible]

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for Fred Charles Morrison (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 5, 1919 (DATE OF EVENT)

in Weiser at home (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Morrison	Fred Charles Morrison

Subscribed and sworn to before me this 21st day of March, 19 42

Jon T. Gallyhe N. P.

Notary Public, residing at Weiser

My commission expires 9-10-43

(SEAL)

Signed Mrs Mabel Morrison

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 31 1942

MAR 5 1956

JUL 27 1961

639-211-044-213

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71545

Registration District No. 56 File No. .....

Primary Registration District No. 2112 Registered No. 4

FULL NAME OF CHILD Twila Hallie Fliegel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl W. Fliegel	FULL MAIDEN NAME	Hallie Bacon
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Boise Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed Aug 1st 1919 W R Hamilton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 14 19[illegible]

County of Ada }

Certificate No. 715 45

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (BIRTH OR DEATH)

for no name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 11, 1919 (DATE OF EVENT)

in Kuna, Ada (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on [illegible] (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Twila Hallie Fliegel Fliegel

Subscribed and sworn to before me this 15th day of January, 19 45

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Earl W. Fliegel

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 19[illegible] By .....

(REGISTRAR'S SIGNATURE)

175-112-044-959

amend 1-21-82

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86 File No. 71546

Primary Registration District No. 2112 Registered No. 5

FULL NAME OF CHILD Elden Harold Age

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank D Age	FULL MAIDEN NAME	May Kimbert
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ala.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Walchouse

physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

Filed Aug 1st 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-29-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 20 10 10 AM '82

State of Washington
County of Snohomish } ss.

Certificate No. 71546
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Age (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-12-19 (Date of Event)

in Weiser (Washington) (Idaho) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elden Harold Age

Subscribed and sworn to before me this 12th day of January, 1982.

Notary Public, Kim Erickson
Residing at Everett, Wa
My commission expires 1-16-83
(Seal)

Hazel Mae Age Haynes
Signature of Applicant

11605 Marino Ave. Everett 98204
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Marriage Certificate gives Elden H Age and Mary A Ernst were married 11-9-63 in State of Nevada county of Washoe. Viewed by V.S.

JAN 21 1982

Bible Record obsiously old gives Elden H Age born 7-12-19 in Weiser to Frank D Age Sr. and Myra M. AGe. Viewed by V.S.

School REcord from Snohomish County Schools District 37 gives Elden Age First grade Report Card. Term beginning 8-27-28. Viewed by V.S.

Cert of Live birth from State of Oregon lists Connie Lynn Age born 2-23-60 in Klamath Falls, Oregon to father listed as Elden Harold Age. Viewed by V.S.

Divorce Decree for Elden Harold Age and Patricia J Age from the State of Oregon , County of Kalmath dated 5-17-63. Viewed by V.S.

Form V. S. No. 11-C—25m-3-8-17

PLACE OF BIRTH,

County of Washington

363-219-04-4-623

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86

File No. 71547

Primary Registration District No. 2112

Registered No. 6

FULL NAME OF CHILD MARJORIE SUSANNA COLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 19th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas H. Cole	~~Martha~~ Myrtle Elizabeth Ables
RESIDENCE	Midvale, Idaho	Midvale, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	30.
BIRTHPLACE	Kansas.	Wisconsin.
OCCUPATION	Farmer	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Hamilton M.D.

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 22nd 1919 W. R. Hamilton
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 71547

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marjorie Susanna Cole
Mother's Name	Myrtle Elizabeth Oster	Martha Elizabeth Oster
Birthdate	July 20, 1919	July 19, 1919

Subscribed and sworn to before me this 26th day of March, 1942

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(Seal)

Signed Martha E Cole

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 26 1942

JUN 29 1942

869-223-044-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 159 E. Commercial St.

Hospital

Registration District No. 86

File No. 71548

Primary Registration District No. 1010.

Registered No. 7

FULL NAME OF CHILD Yasuko Horino

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	#	4	Yes	7 23 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Horino	FULL MAIDEN NAME	Tamayo Kashiwa
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.00 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

1st copy issued, Dec. 10 1941

2nd " " 3/7/44

Registrar

Address Weiser, Idaho.

Filed May 1st 1919 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

MAR 8 1944

215-126-044-133

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. Bullefield St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71549

Registration District No. 06 File No.

Primary Registration District No. 2112 Registered No. 8

FULL NAME OF CHILD Clement Leroy Savage

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter O Savage	FULL MAIDEN NAME	Gladys A Attuberry
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Peck Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed Aug 19 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-231-044-391

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71550

County of Washington

City of Weiser

No. 2nd St E St.

Registration District No. 8 L

Primary Registration District No. 1010

File No.

Registered No. 4

Hospital

FULL NAME OF CHILD Helen Frankie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	[illegible] 31 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray R. Lloyd	Elmer Crabtree
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Oregon	Nebraska
OCCUPATION	Delivery Man	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed Aug 1st 19 19 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-323477

759-116-029-154

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71551

Registration District No. 2147 File No. 3

Primary Registration District No. 67 Registered No. 4

FULL NAME OF CHILD Richard Stanly Perkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓			yes.	Aug. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andie Perkins	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

8-18 1919 Address Deary

P. C. Faust Registrar Filed 8-18 1919 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-128-029-266

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71552

PLACE OF BIRTH

County of Latah

City of Avon R.1 Registration District No. 2147 File No.

No. St. Primary Registration District No. 67 Registered No. 5

Hospital

FULL NAME OF CHILD Virgel Howard Vannatta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Aug. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. A. Vannatta	FULL MAIDEN NAME	Minnie Bowers
RESIDENCE	Avon R.1	RESIDENCE	Avon R.1
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Kas.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

9-1 1919

Address Deary

R. C. Faust Registrar

Filed 9-1 1919 R. C. Faust Registrar

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Avon
Street and House No.
County Latah

Registered Number 2147

Registration District No. 67

Sex of Child male

Date of Birth, Aug. 28 (Month) (Day) 1919 (Year)

Full Name of Father C. A. Vannatta

Full Maiden Name of Mother Minnie Bowers

I HEREBY CERTIFY that the child described herein has been named: Virgel Howard Vannatta (Given name in full) (Surname)

as reported by C. A. Vannatta (Father or ~~Mother~~)

P. E. Jones (Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

OCT 8 1 1945

153-128-029-386 childs name added, last name amend 7-3-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Park

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71553

Registration District No. 2147 File No. 3

Primary Registration District No. 67 Registered No. 6

FULL NAME OF CHILD Wilbur Glenn Jelleberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Aug. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willie ~~Jellyberg~~ Jelleberg	FULL MAIDEN NAME	Rebecca Thompson
RESIDENCE	Park	RESIDENCE	Park
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

9-1 1919 Address Deary

P. C. Faust Registrar

Filed 9-1 1919 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-20-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 29 4 07 PM '84

State of CALIF
County of LOS ANGELES } ss.

Certificate No. 71553
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jellyberg (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 28, 1919 (Date of Event)

in Park (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Jellyberg	Wilbur Glenn Jelleberg
fathers last name	Jellyberg	Jelleberg

Subscribed and sworn to before me this 25 day of June, 1984.
Notary Public, Sheldon M Hayden
Residing at LOS ANGELES, CA
My commission expires APRIL 20 1988
(Seal)

Wilbur Glenn Jelleberg
Signature of Applicant
6817 Geyser Reseda
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIF
County of LOS ANGELES } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of June, 1984
Notary Public, Sheldon M Hayden
Residing at LOS ANGELES CA
My commission expires APRIL 20 1988
(Seal)

Lani Piper
Supporting Signature
5347 Mohave, Simi Valley, Calif.
Street Address, City, State

Certificate of Marriage lists Wilbur Glenn Jelleberg and Irene Hanna Annotti were married Jan 26, 1949 in the County of Los Angeles, California. Viewed by V.S.

Affidavit dated April 29, 1951 states Wilbur Glenn Jelleberg surviving son of Willie Jelleberg. Viewed by V.S.

State of CALIF

County of LOS ANGELES } SS.

On this the 25 day of JUNE 1984, before me,

SHELDON M HAYUTIN,

the undersigned Notary Public, personally appeared

WILBUR GLENN JELLEBERG

LANI PIPER,

— personally known to me

X proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) THEY subscribed to the within instrument, and acknowledged that THEY executed it.

WITNESS my hand and official seal.

Sheldon M Hayutin

Notary's Signature

OFFICIAL SEAL
SHELDON M HAYUTIN
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires APR 20, 1988

215-129-029-318

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71554

Registration District No. 2147 File No. .....

Primary Registration District No. 67 Registered No. 7

FULL NAME OF CHILD John Kantjas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.	✓	Yes	Aug 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. J. Kantjas	FULL MAIDEN NAME	Winnifred Taylor
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Greece	BIRTHPLACE	Wash.
OCCUPATION	section foreman	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

9-1 1919 Address Deary

P. C. Faust Registrar

Filed 9-1 1919 P. C. Faust Registrar

TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Deary
Street and House No.
County Latah

Registered Number 5

Registration District No. 7

Sex of Child Male

Date of Birth, Aug. (Month) 29 (Day) 1917 (Year)

Full Name of Father N. J. Kantjas

Full Maiden Name of Mother Winifred Taylor

I HEREBY CERTIFY that the child described herein has been named:

John Kantjas
(Given name in full) (Surname)

as reported by N. J. Kantjas.
(Father or ~~Mother~~)

P. C. Farrell
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 1 4 1976

MAY 18 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-204-016-336

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] N. 11—25m-9-8-15

CERTIFICATE OF BIRTH

71555

County of Cassia

City of Malta

No. ..... St.

Registration District No. 119 File No.

Primary Registration District No. Registered No.

Hospital At Home

FULL NAME OF CHILD MARGARET Beth Scott

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	Aug 4 1919

	FATHER	MOTHER
FULL NAME	James Farrell Scott	FULL MAIDEN NAME Hazel Lloyd
RESIDENCE	Malta Idaho	RESIDENCE Malta Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Malta Idaho	BIRTHPLACE Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Sales

(Physician or midwife)

Address Malta Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 1 19 19 C. D. Sales

Registrar

S-Y-CO. 38071

AUG 13 1944

336-16-01-6-713

Amended 10-21-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71556
Local Reg. No.
Reg. Dist. No. 119

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Heglar

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Heglar

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Frances b. (Middle): Mae c. (Last): Scott

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Aug. (Day) 16, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Edwin b. (Middle): Roy c. (Last): Scott

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Dayton, Washington

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Electa b. (Middle): Mabel c. (Last): Patterson

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Pine City, Washington

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. I. Sater, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malta, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 1, 1919

22. REGISTRAR'S SIGNATURE: C.I. Sater

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 13 1966
Bureau of Vital Statistics

State of Washington } ss.
County of King

Certificate No. 71556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Scott (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16, 1919 (Date of Event)
in Heglar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frances Mae Scott
Child's Sex	Male	Female

Subscribed and sworn to before me this 14th day of September, 1966

Notary Public, residing at Seattle,
My commission expires Sept 16, 1967
(Seal)

Signed Electa Mabel Scott - mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11324-25 N.E. Seattle, Wash. 98125
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1966

Notary Public, residing at Seattle
My commission expires Sept 16-67
(Seal)

Signed Esther A. Schwendt
(Signature of Any Credible Person)

11721 - 90th Pl N.E.
(Street Address, City, State)
Kirkland, Wash. 98033

FORM DH 60-155 CL 8-2-66.

Photo Copy ~~of~~ of page from Family Bible, appears old, gives one full name as Frances Mae Scott, born Aug. 16, 1919 at Heglar, Idaho - viewed by V.S.

Copy of own child's birth cert., State of Washington, gives full name of child as Sharon Lynn Berry, born Feb. 18, 1940 at Seattle, Washington to Noel Merlin Berry and Frances Mae Scott, age 20, born in Heglar, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71556

County of Cassia

City of Mo Heglar

Registration District No. 119

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital At home

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Edwin Roy Scott	FULL MAIDEN NAME	Electa Mabel Patterson
RESIDENCE	Heglar Idaho	RESIDENCE	Heglar Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Dalton Washington	BIRTHPLACE	Pine Cy. Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malta Idaho

Filed Sept 1 1919 C. I. Sater

Registrar

Registrar

S-Y-CO. 38071

JUL 13 1966

25-120-016-25

PLACE OF BIRTH

County of Cassia

City of Elba

No. ____ St.

Hospital At Home

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71557

Registration District No. 119

File No. ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Wallace Hardy Sears

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 20 1914

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Charles L Sears	FULL MAIDEN NAME Sadie Valeria Beecher
RESIDENCE	Elba Idaho	Elba Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Albion Idaho	Conant Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

(Signature) C L Baker MD

(Physician or midwife)

Address Malta Idaho

Filed Sept 1 1919 C L Baker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 36071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dept of Public Health

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. .....
Date Filed Apr [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wallace Hardy Sears (Name on original certificate) who was born (Was born or died) on August 20, 1919 (Date of event)
in Elba, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on 1918 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No Name	Wallace Hardy Sears

Subscribed and sworn to before me this 15th
day of April, 19 42
Henry Thompson
Notary Public residing at Malta, Idaho
My commission expires Jan-25-1945
[SEAL]

Signed G J Sale MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Albion, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of April, 19 42
Henry Thompson
Notary Public residing at Malta, Idaho
My commission expires Jan-25-1945
[SEAL]

Signed Sadie Sears
(Signature of any credible person other than the previous affiant)
Malta, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAY 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Darby

No. 218-118'041-415 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 1

CERTIFICATE OF BIRTH

71558

Registration District No. 77 File No. 26

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	yes	Aug 18 1919

FATHER		MOTHER	
FULL NAME	James O Kay	FULL MAIDEN NAME	Hazel Daniels
RESIDENCE	Darby, Ida	RESIDENCE	Darby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Dugg Ida

Registrar

Filed Aug 24 1919 Martha Marker

Registrar

1107

PLACE OF BIRTH

863-104-041-881

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. ... 25m-6-15-1...

STATE OF IDAHO
BUREAU OF VITAL STATISTIC

CERTIFICATE OF BIRTH 71559

Registration District No. 77 File No. 25

Primary Registration District No. 2176 Registered No. .....

Full Name of Child Edwin Samuel Holderman

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth ~~first~~ (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edwin S. Holderman	FULL MAIDEN NAME	Violet Hyatt
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed Aug 18 1919 Martha Marker
Registrar

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the ... of each, in order of birth stated.

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 5 1940

434-107-041-459

PLACE OF BIRTH

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

71560

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 24

Primary Registration District No. 2176 Registered No. _____

Full Name of Child _____

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug (Month) 3 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John McDaniels	FULL MAIDEN NAME	Candus Meikle
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Dingo

Filed Aug 19 1919 Martha Marker Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...GIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

dup of 1919-404648

DECEASED

458-101-041-231

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71561

Registration District No. 77 File No. 23

Primary Registration District No. 2176 Registered No. _____

Full Name of Child GLEN ORLAND MEYERS

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Spencer ~~Myers~~ MEYERS	FULL MAIDEN NAME	Veleta Blanchard
RESIDENCE	Daniel, Wyo.	RESIDENCE	Daniel Wyo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N Leroy Smith

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Driggs - Ida.

_____ Registrar

Filed Aug 19 1919 Martha Marvin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 71561

SEP 13 1943

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glen Orland
Surname	Mr Myer	Meyers

Subscribed and sworn to before me this 7th day of Sept, 1943

J. R. Graham
NOTARY PUBLIC
Notary Public, residing in and for the County of Los Angeles, State of California

My commission expires My Commission Expires November 2, 1946
(Seal)

Signed Veleta B Meyers.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

1313 Irving Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. }ss.
County of L.A. }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Sept, 1943

J. R. Graham
NOTARY PUBLIC
Notary Public, residing in and for the County of Los Angeles, State of California

My commission expires My Commission Expires November 2, 1946.
(Seal)

Signed Olivia P. Lopez
(Signature of Any Credible Person Other Than Previous Year)

1317 Irving Ave
(Street Address, City, State)

SEP 14 1943

PLACE OF BIRTH

Form V. S. No. 11 Aug. 15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

71562

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. 753-123.041-268 St.

Registration District No. 77 File No. 22.

Primary Registration District No. 2176 Registered No.

Hospital

Full Name of Child SHIRLEY DELL Peterson

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 23 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Dell Peterson	FULL MAIDEN NAME	Mable Boyle
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H Culbertson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs Idaho

Filed Aug 12 1919 Martha Marker
Registrar

...GIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Teton } ss.

Certificate No. 71562
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Shirley Dell Peterson (Name on original certificate) who born (Was born or died) on July 23, 1919 (Date of event) in Victor, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on July 31, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Peterson	Shirley Dell Peterson

Subscribed and sworn to before me this 27th day of December, 1941

J. D. Lauritzen
Notary Public, residing at Victor, Idaho.
My commission expires Feb. 7, 1945.
[SEAL]

Signed Mabel Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Victor, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 1941

J. D. Lauritzen
Notary Public, residing at Victor
My commission expires Feb. 7, 1945.
[SEAL]

Signed Delbert Peterson
(Signature of any credible person other than the previous affiant.)

Victor, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUL 17 1959

PLACE OF BIRTH AMENDED - 5/8/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. 275-130-041-15 St. Registration District No. 77 File No. 21563

Hospital ____ Primary Registration District No. 2176 Registered No. ____

FULL NAME OF CHILD Homer Fayette Stephens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 30, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence L. Stephens	Lydia Anderson
RESIDENCE	Victor, Idaho	Victor, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	32 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Store keeper	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Hayes H. Culbertson

Physician
(Physician or midwife)

Address Driggs, Idaho

Filed Aug 12, 1919 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 71563

State of IDAHO } ss.
County of TETON

Date Filed OCTOBER 5

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for HOMER FAYETTE STEVENS (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 30, 1919 (Date of Event) in VICTOR IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Stevens	Homer Fayette Stephens
Surname	Stevens	Stephens

Subscribed and sworn to before me this 21st day of April 1950

Orton I. Glenn

Notary Public, residing at 170 N. Los Robles Ave

My commission expires MY COMMISSION EXPIRES JULY 7, 1952

(Seal)

Signed Clarence L. Stephens

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April 1950

Orton I. Glenn

Notary Public, residing at 170 N. Los Robles Ave

My commission expires MY COMMISSION EXPIRES JULY 7, 1952

(Seal)

Signed Neville O. Nebeker

(Signature of Any Credible Person)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71563

Registration District No. 72 File No. 21

Primary Registration District No. 2176 Registered No. .....

Full Name of Child Stevens

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M			yes	July (Month) 30 (Day) 1918 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence L. Stevens	Lydia Gudmundson
RESIDENCE	Victor Idaho	Victor Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Idaho	Utah
OCCUPATION	Storekeeper	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 00 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Augustus M. Culbertson

Physician (Physician or midwife)

Address Driggs Idaho

Filed Aug 12 1919 Martha Walker Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MAY 8 1950

MAY 1 2 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

863-113 841-795 No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 77

Primary Registration District No. 2176

File No. 71564 County

Registered No.

Hospital

FULL NAME OF CHILD Edward Addison Holden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 13 1919

FATHER		MOTHER	
FULL NAME	Edgar J Holden	FULL MAIDEN NAME	Vera Greene
RESIDENCE	Driggs R.F.D #1	RESIDENCE	Driggs RD # 1
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or stillborn) on the date above stated. at 3-00 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Leroy Smith

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Registrar

Address Driggs

Filed Aug 13 1919 Martha Wheeler

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton }

Certificate No. 71564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edward Addison Holden (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1919 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Holden	Edward Addison Holden

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Vera Leora Holden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Driggs Idaho Box 325
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1
day of June 1945

Notary Public, residing at Driggs Idaho
My commission expires April 14 1949
(Seal)

Signed Alice M Greene
(Signature of Another Credible Person)
Driggs P.O. Box 134 Idaho
(Street Address, City, State)

FEB 1 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893

PLACE OF BIRTH

County of Teton

City of Driggs

No. R.D. 1 St.

Hospital

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71565

Registration District No. 77

File No. Nineteen

Primary Registration District No. 2176

Registered No.

FULL NAME OF CHILD Esthel Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	July 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lars Peter Larsen	FULL MAIDEN NAME	Matalda Hill
RESIDENCE	Driggs R.D. 1	RESIDENCE	Driggs R.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Danmark	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Hars Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Anne Larsen

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Driggs R.D. 1 BX 25

Filed Aug 6th 1919 Martha Marker

Registrar

S-Y-CO 38071

DEC 8 1958

[redacted] 259-129-035-468

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore

No. ..... St.

Hospital .....

Registration District No. 92 File No. 71566

Primary Registration District No. 2170 Registered No. 12

FULL NAME OF CHILD Donald Andrew Keeney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\		\	Yes	7 24 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Keeney	FULL MAIDEN NAME	Edith Johnston
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebr	BIRTHPLACE	Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7-24 1919

E. E. Watts
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 895-114-001-292

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71568

County of Ada

City of Meridian

Registration District No. 11

File No.

No. R. D. 3 St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Robert Harold Hiner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 14 1919

FATHER		MOTHER	
FULL NAME	George Nelson Hiner	FULL MAIDEN NAME	Stella Lisemore
RESIDENCE	Meridian R. D.	RESIDENCE	Meridian R. D. 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian, Idaho

Registrar

Filed Aug. 20 1919 Alice A. Dutton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-102-001-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1517 Hays St.

Hospital

Registration District No. 11

File No. 71570

Primary Registration District No. 2083

Registered No.

FULL NAME OF CHILD Alvin Harold Graham

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Graham	FULL MAIDEN NAME	Nola Quell Beasley
RESIDENCE	Melba, Ida.	RESIDENCE	Melba, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Merrill Can, Ida.

19

Registrar

Filed Aug. 9 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 195

dup of 1919-332692

437-130-001-749

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71571

County of Ada

City of Meridian

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Kenneth Harold McGill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Franklin McGill	FULL MAIDEN NAME	Clara May Gurwell
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Yard Man - Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian, Ada

Registrar

Filed Sept 1 1919 Alice A. Dutton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a [illegible] must be made for each and the number [illegible]

PLACE [redacted]

817-122-044-693

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]-18

CERTIFICATE OF BIRTH

71572

Registration District No. 87

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Carl Lee Hague

SEX OF CHILD male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas Geo Hague	FULL MAIDEN NAME	Alice May Wicks
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Registrar

Filed 9-1- 1919 F A Schmitz

Registrar

MAR 16 1945

[redacted]

133-108104X-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71573

Registration District No. 86

File No. .....

Primary Registration District No. 2112

Registered No. 3

FULL NAME OF CHILD James Thomas ~~Atteberry~~ ATTEBERY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos ~~Atteberry~~ ATTEBERY	FULL MAIDEN NAME	Tissie Blevins
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address Weiser Idaho

Filed Aug 1st 1919 W R Hamilton

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 71572

Date Filed Sept

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for James Roy Atteberry (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 8, 1919 (DATE OF EVENT)
in Boise, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 11, 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
last-name	Atteberry	Atteberry

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed Jessie Atteberry
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of February, 19 42

.....
Notary Public, residing at Boise Idaho
My commission expires May 19, 1943
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 18 1942

MAR 9 1959

JAN 6 1966

396-128-020-813

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71574

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. — St.

Primary Registration District No. 2020 Registered No. 17

Hospital —

FULL NAME OF CHILD Robert Charles Crotty

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	May 28th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dan Crotty	FULL MAIDEN NAME	Alta Hall
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Cook.	OCCUPATION	Hurfe

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Walker

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 5/30 1919 B. W. Walker
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

RECEIVED OCT 6 1925 BUREAU OF VITAL STATISTICS

STATE OF IDAHO final name

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 State File No. 71574

Primary Registration District No. 2020 Local Registrar's No. 17

FULL NAME OF CHILD Robert Charles Crotty

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	5/28, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Dan Crotty	FULL MAIDEN NAME	Alta Hall
RESIDENCE	Mt Home	RESIDENCE	Mt Home
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Cook	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathe

(Physician or ~~midwife~~)

Give names added from a supplemental report.

Sept 19, 1925

A. F. Andress
Registrar.

Address .....

Filed 5/30 1919

B. W. Mathes
Registrar.

NOV 19 1964

JUN 7 1957

SEP 14 1959

315-225-025-863

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 71575

Primary Registration District No. 1001 Registered No. 41

FULL NAME OF CHILD Melva Cunningham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	yes	Aug 25 1919

FATHER	MOTHER
FULL NAME Albert Lester Cunningham	FULL MAIDEN NAME Edith Elizabeth Holbrook
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Grangeville Ida	BIRTHPLACE White Bird Ida
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 A. M. on the date above stated.

(Signature) B. Chipman

Physician

(Physician or midwife)

Address Grangeville Idaho

Filed Sept 5 19 19 H. S. Stockton

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1966

534-220-025-618

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71576

Registration District No. 103 File No. ____

Primary Registration District No. 2181 Registered No. 40

FULL NAME OF CHILD Marjorie Elder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	yes	8-20-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Guy Elder	Elsie Fay
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Crescent Nebr.	Alford Nebr.
OCCUPATION	Runaber	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) B. Chipman

Physician
(Physician or midwife)

Address Grangeville Idaho

Filed Sept 5 1919 H O Stricklin

Registrar

5-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1945

799-225-025-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71577

County of Idaho

City of Grangeville

Registration District No. 103

File No.

No. St.

Primary Registration District No. 2181

Registered No. 39

Hospital

FULL NAME OF CHILD Genevieve Griner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	Yes	Aug. 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marion P. Griner	FULL MAIDEN NAME	Irene E. Darling
RESIDENCE	Idaho Co.	RESIDENCE	Idaho Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	~~Idaho~~ S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Grangeville Id.

19

Registrar

Filed Sept 5 1919 G. D. Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z - GRINER

dup of 1919-214502

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-227-025-464

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 71578

Primary Registration District No. 2181 Registered No. 38

FULL NAME OF CHILD Bertha Pennokock

Sex of Child: F

Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Aug 24 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Bert Pennokock	FULL MAIDEN NAME: Grace Moderman
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Holland	BIRTHPLACE: Holland
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Bert Pennokock father
(Physician or midwife)

Address Grangeville Ida.

Filed Sept 3 1919 G D Strodtman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-324-025-693

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71579

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 37

FULL NAME OF CHILD Nettie Alice Overman

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 24 1919

FATHER		MOTHER	
FULL NAME	Cyrus O Overman	FULL MAIDEN NAME	Anna E Wilson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stocklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1 1919 G S Stocklin Registrar

JUL 3 0 1945
OCT 2 4 1944

312-316-325-362

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71580

County of Idaho

City of Grangeville — Registration District No. 103 — File No.

No. ..... St. — Primary Registration District No. 2181 — Registered No. 36

Hospital .....

FULL NAME OF CHILD Bethel Rose Castle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 16 1919

	FATHER	MOTHER
FULL NAME	Alvin H Castle	FULL MAIDEN NAME Juddie C Cosand
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY	29 (Years)	20 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. A. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Sept 1 1919 G. A. Stockton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-106-025-142

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71581

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 35

FULL NAME OF CHILD Morris Donald Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Aug 6 1919

FATHER		MOTHER	
FULL NAME	C. R. Stewart	FULL MAIDEN NAME	Caroline M Adkison
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Sept 1 1919 G. S. Stockton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 20 1942

FEB 3 1981

DECEASED

466-206-025-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 71582

No. ..... St.

Primary Registration District No. 2181

Registered No. 34

Hospital .....

FULL NAME OF CHILD GERTRUDE A. DOORNBOS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 6 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	OTHER
Arien	Arien H Doornbos	Gertruida	Van der Wall
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton (Physician or midwife)

Given names added from a supplemental report.

Address Grangeville Ida

..... 19.....

Filed Sept 1 1919 G S Stockton

Registrar

Registrar

WRITE P... ...ING
N. B. ...RMANENT RECORD
...N must be made for each

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Gallatin }

Certificate No. 71582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Birth for Gertrude Doornbos (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 6 1919 (DATE OF EVENT) in Grangeville Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible and Dr records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 30 -1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed	Gertrude Doornbos
mother's name	Gertrude Vanderwall	Gertrudde Van der Wall
mother's name Father's	Areen H. Doornbos	Arien Doornbos

Subscribed and sworn to before me this 30th day of June, 19 42.

W. F. Hensley
Notary Public, residing at Bozeman, Montana
My commission expires Dec. 1, 1944.
(SEAL)

Signed Arien Doornbos
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
206 South Seventh Avenue
Bozeman, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Gallatin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September, 1942.

Harold C Sadler
Notary Public, residing at Bozeman, Montana
My commission expires February 20, 1943
(SEAL)

Signed Gertrude van der Wall
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
206 South 7th
Bozeman, Montana (Doornbos)
(STREET ADDRESS, CITY, STATE)

SEP 4 1942

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 1 6 1974

SEP 8

238-821-017-239

PLACE OF BIRTH

[redacted]TATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 123

File No. 71583

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 21 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira M Ashton	Lizzie Blackmon
RESIDENCE	Dubois	Dubois
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	White / 36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

Filed May 21 1917

..... Registrar

C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

294-216-017-815

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71584

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elise Sidwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 16 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. W. Sidwell	Emma Hansen
RESIDENCE	Dubois	Dubois P.O.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Ohio.	Utah.
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Glasscock

Physician
(Physician or midwife)

Address Dubois Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 20 1917

C E Jones MD
Registrar

235-216-017-895

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Registration District No. 225

File No. 71585

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wanda Bute Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	May	16	19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles L Stevens	Lucy P Buckley
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:05 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E James MD

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

....., Registrar

Filed May 16 1919

C E James MD
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clark } ss.

Certificate No. 71585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wanda Bute Stevens (Name on Original Certificate) who was Born (Was Born or Died) on Aug 16. 1919 (Date of Event)
in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Wanda Bute Stevens
Wanda Bute Stevens		

Subscribed and sworn to before me this 22nd
day of January, 1944.

John H. Keays
Notary Public, residing at Dubois, Idaho
My commission expires April 16. 1946.
(Seal)

Signed Pearl L Stevens mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clark } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of January, 1944.

John H. Keays
Notary Public, residing at Dubois Idaho
My commission expires April 16. 1946.
(Seal)

Signed Charles D Stevens Father
(Signature of Any Credible Person Other Than Previous Year)

Hemp Grey & Idaho
(Street Address, City, State)

FEB 1 1944

895-109-025-368

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

ST[redacted]HO
BUREAU [redacted]TATISTICS

CERTIFICATE OF BIRTH

71586

County of Idaho

City of Green Creek

Registration District No. 105

File No. 66 (66)

No. — St.

Primary Registration District No. 2183

Registered No.

Hospital —

FULL NAME OF CHILD Robert Adolph Hinkelman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adolph Hinkelman	FULL MAIDEN NAME	Helen Lohman
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany.	BIRTHPLACE	Germany.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Filed Aug 16 1919 H B Blake

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA

893-211-031-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71587

PLACE OF BIRTH

County of Lewis

City of Nezperce RFD

No. ..... St.

Hospital .....

Registration District No. 60

File No. .....

Primary Registration District No. 2179

Registered No. 14

FULL NAME OF CHILD Rosie May Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—	—	—	yes	8 (Month) – 11 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Matthew Hill	FULL MAIDEN NAME	Sarah Elizabeth Kincaid
RESIDENCE	Nezperce RFD	RESIDENCE	Nezperce RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Newago Mich
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ida Idaho

Registrar

Filed 8/5 1919 R. E. Dunlap

Registrar

DEC 11 1967

719-204-031-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71588

County of Lewis

City of Steele

No. ..... St.

Hospital .....

Registration District No. 32

File No. .....

Primary Registration District No. 2129

Registered No. 15

FULL NAME OF CHILD Ida Novella Parsons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	9 (Month) 4 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Simpson Parsons	FULL MAIDEN NAME	Mae Willoughby
RESIDENCE	Steele Ida	RESIDENCE	Steele Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Leland Ida	BIRTHPLACE	Steele Ida
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Address Ida Idaho

Given names added from a supplemental report.

..... 19....

Filed 7/4 1919 R. E. Dunlap

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

719-2112-031-757

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lewis

City of Vollmer RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71589

Registration District No. 50

File No. .....

Primary Registration District No. 2129

Registered No. 16

FULL NAME OF CHILD Pardue

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Austin Pardue	FULL MAIDEN NAME	Austa Pearson
RESIDENCE	Vollmer RFD	RESIDENCE	Vollmer RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Oregon
OCCUPATION	Lumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Very alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ida Idaho

Filed 7/5 1919 R. E. Dunlap M.D.

Registrar

Registrar

K

SEP 13 1967

DECEASED

319212-035-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ney Perce

City of Webb

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71590

Registration District No. 97

File No. .....

Primary Registration District No. 2174

Registered No. 18

FULL NAME OF CHILD Doris Berniece Carpenter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	Aug 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Carpenter	FULL MAIDEN NAME	Stella Rowland
RESIDENCE	Webb	RESIDENCE	Webb
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth -1- Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Hatel

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Lapwas

Filed Aug 13 1919 William P. H. Hatel Registrar

395:116:035-249

Amended 3/26/79

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

Registration District No. 97

File No. 71591

Primary Registration District No. 2.94

Registered No. 19.

FULL NAME OF CHILD Lloyd E. Livengood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	t	t	yes	Aug. 16 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Urban Livengood	Winifred Smith
RESIDENCE	Lapwai	Lapwai
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Idaho.	Iowa.
OCCUPATION	Garage.	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R. Hatch M.D.
(Physician or midwife)

Address Lapwai.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 17 1919 William R. Hatch
Registrar

3/14/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 2 23 PM '79

State of Idaho
County of Twin Falls } ss.

Certificate No. 71591
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Thomas Livengood (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8/16/19 (Date of Event)

in Lapwai Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Thomas	Lloyd Eugene Livengood

Subscribed and sworn to before me this 16th day of March, 1979.

Notary Public, [signature]

Residing at Lewiston Idaho

My commission expires 5-25-80

(Seal)

× Lloyd E. Livengood
Signature of Applicant

× 2321-2nd Ave N. Lewiston Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public, ___

Residing at ___

My commission expires ___

(Seal)

Supporting Signature

Street Address, City, State

Payroll deduction authority issued by Don Schiche, Timekeeper for Potlatch Corp. on 7 March 1979 and dated 4/21/49, gives name of employee as Lloyd E. Livengood born 8/16/19. viewed by V.S.

MAR 2 6 1979

Honorable Discharge from the UDS Army gives name as Lloyd E. Livengood dated Dec 14, 1944. viewed by V. S.

168-21 8 1035-857

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71592

Registration District No. 9T

File No. .....

Primary Registration District No. 2.74

Registered No. 20

FULL NAME OF CHILD Elizabeth Johnston

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	—	yes	Aug 18 19

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	George Johnston	FULL MAIDEN NAME Lula B. Hepburn
RESIDENCE	Lewiston	RESIDENCE Lewiston
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Kansas
OCCUPATION	Section man R.R.	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hall M.D.

(Physician or midwife)

Address Lapwai

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 19 1919 William P. Hall Registrar

755·206·025-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kenteroville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71593

Registration District No. 105 File No. 62

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Margaret Jeane Gentry

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 6 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Rufus Lee Gentry	FULL MAIDEN NAME Maggie May Gentry Bledsoe
RESIDENCE Kenteroville Ida.	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE N.C.	BIRTHPLACE N C
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Blake M.D.

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 10 19 19

W B Blake

Registrar

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

713 93

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kenterville

Street and House No.

County Idaho

Registered No. 62

Registration Dist. No. 105

Sex of Child Female

Date of Birth Aug (MONTH) 6 (DAY) 1919 (YEAR)

Father Rufus L. Gentry (FULL NAME)

Mother Maggie May Bledsoe (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Margaret Jeane Gentry (GIVEN NAME IN FULL / SURNAME)

as reported by Mother (FATHER OR MOTHER)

W B Blake (LOCAL REGISTRAR)

FEB 27 1974

443-109-025-155

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71594

County of Idaho

City of Kenterville

No. ..... St.

Hospital .....

Registration District No. 105 File No. 63

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD John Norbert Duclos

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 9th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Joseph Duclos	FULL MAIDEN NAME	Mary Katherine Jentges
RESIDENCE	Kenterville Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	S Dak.	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cottonwood, Idaho.

Filed Aug 10 1919

H B Blake
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1973

719-205-025-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71595

County of Idaho

City of Fenn

No. — St.

Hospital —

Registration District No. 105

File No. 64

Primary Registration District No. 2183

Registered No.

FULL NAME OF CHILD Ruby Gardener

Sex of Child Female

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 5th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Absolum Gardener	FULL MAIDEN NAME	Mary Ellen Holt
RESIDENCE	Fenn	RESIDENCE	Fenn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2th

Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Aug 10 1919

H B Blake

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B

617-107-[redacted]5-958

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71596

County of Idaho

City of Ferdinand

Registration District No. 105

File No. 65

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital Home

FULL NAME OF CHILD Paul Reynolds Wagner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Edward Wagner	FULL MAIDEN NAME	Grace D. Reynolds
RESIDENCE	Ferdinand ~~White~~ Ida	RESIDENCE	Ferdinand Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Walla Walla Wash	BIRTHPLACE	Santa Clara Calif
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn), at 2³⁰ a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley L Orr
by H B Blake Registrar
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Aug 15 1919

H B Blake
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1946

265-206-031-667

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71597

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 34 File No. 18

Primary Registration District No. ..... Registered No. 2121

FULL NAME OF CHILD ~~Dorothy~~ Dorothy Ann Koenigs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis Henry Koenigs	FULL MAIDEN NAME	Mary Rose Fox
RESIDENCE	Nezperce	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvie (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Albert Huff Registrar

Address Nezperce Idaho

Filed 9 1 1919 Albert Huff Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16-3-40

[redacted] 218-121-035-255

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-19

CERTIFICATE OF BIRTH 71598

County of Nezperce

City of Peck

Registration District No. 34 File No. 16

No. ____ St.

Primary Registration District No. ____ Registered No. 2124

Hospital ____

FULL NAME OF CHILD Marion James Kayler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 21 1919

	FATHER	MOTHER
FULL NAME	James Henry Kayler	FULL MAIDEN NAME Harriet Elizabeth Benscoter
RESIDENCE	Peck Ida	RESIDENCE Peck
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Jamesville Wis.	BIRTHPLACE Kendrick Ida
OCCUPATION	Farmer	OCCUPATION Dance Instr

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Graf
(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

Sept 1 1919

Albert Huff
Registrar

Filed 9-1 1919 Albert Huff
Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

AUG 21 1973

296-12

STATE OF IDAHO
BUREAU OF VITAL STATIS[illegible]

CERTIFICATE OF BIRTH

County of La[illegible]

City of Moscow

No. 120 So. Main St.

Hospital The Gatman

Registration District No. 61

Primary Registration District No. 1011

File No. 71599

Registered No. 11c

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	No	Aug. 20 1917

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Mabel Brown
RESIDENCE	—	RESIDENCE	Spokane, Wash.
COLOR	—	COLOR	White
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	—	BIRTHPLACE	Idaho —
OCCUPATION	—	OCCUPATION	Student

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gatman M.D.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 30 19[illegible]

[illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-118-029-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71600

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 So Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 108

FULL NAME OF CHILD

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Joseph Jacksha	FULL MAIDEN NAME	Barbara Schaaf
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Colton, Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed ~~Sep~~ Aug 30 1919

D. F. Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for e and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible] Latah

[illegible] District No. ..... File No. .....

No. 386-122-029-216 St.

Primary Registration District No. 1011 Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD Harold Thomas Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
Male		Yes	Aug. [illegible]

FATHER		MOTHER	
FULL NAME	Einar Thompson	FULL MAIDEN NAME	Aasta Kjorstad
RESIDENCE	Moscow, Ida	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clark

(Physician or ~~midwife~~)

Given names added from a supplemental report.

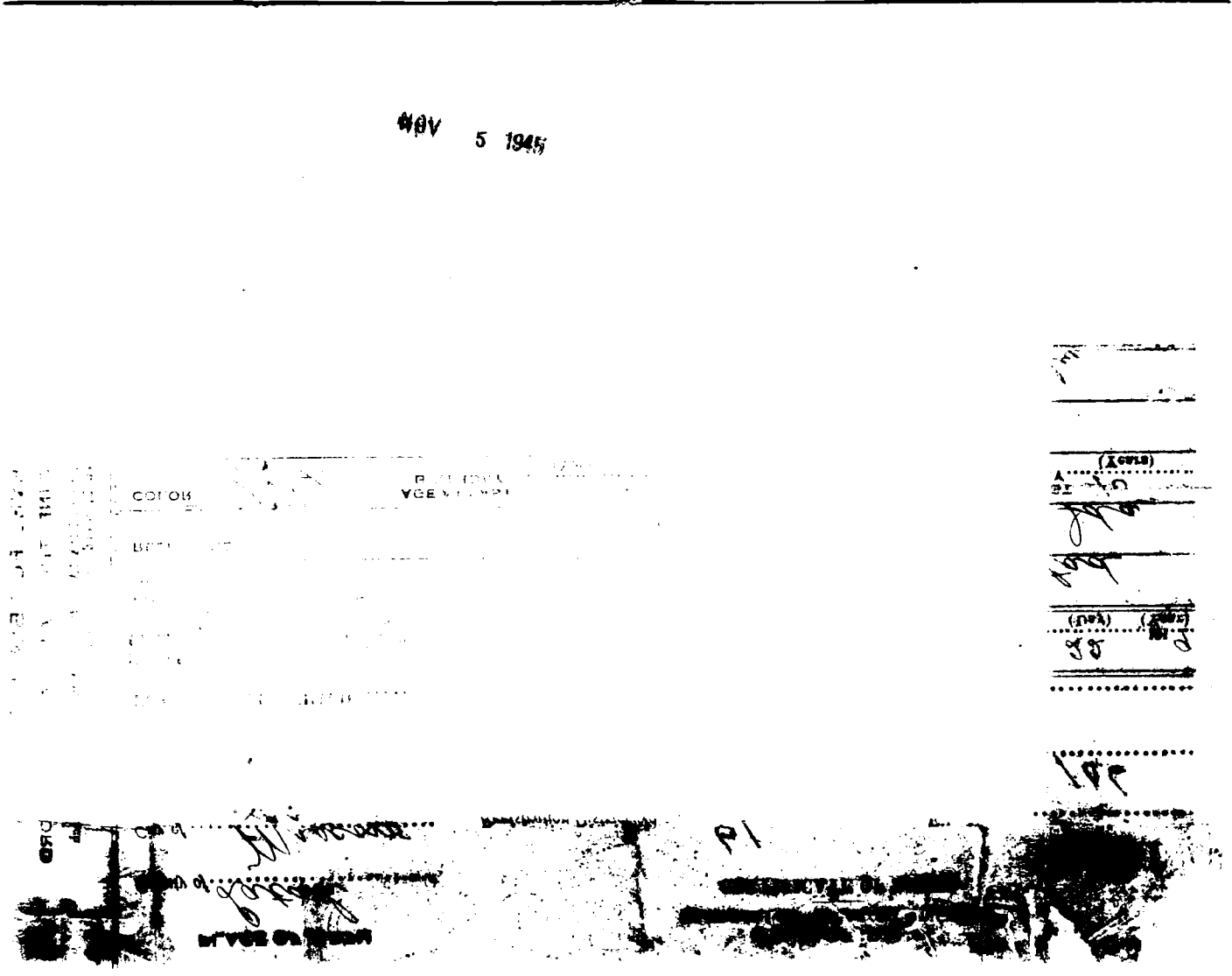
Address Moscow

..... 19 .....

Filed Aug 30 1919 [illegible]

Registrar Registrar

NOV 5 1945



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

795-124-129-413

County of .....

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1602

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 103

FULL NAME OF CHILD Gordon Marvin Grein

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Grein	FULL MAIDEN NAME	Sadie E. Mack
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Lincoln Co., Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow, Idaho.

Filed Aug 12 1919 D F Rae

Registrar Registrar

Form V.1

CS

71

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714215:029-916

VOM

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71603

County of Latah

City of Moscow

No. 718 E. First St.

Hospital

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 102

FULL NAME OF CHILD Mildred Mirinda Paulson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	August 15 1919

FATHER		MOTHER	
FULL NAME	Elmer M. Paulson	FULL MAIDEN NAME	Jennie M. Rawson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a fine (Born alive or stillborn) at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow Idaho

19

Registrar

Filed Aug 20 1919

D F Rae

Registrar

NOV 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 10 1 28 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71603

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Paulson, (Female) (Name on Original Certificate) who was born (Was Born or Died) on birth (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mildred Mirinda Paulsnn

Subscribed and sworn to before me this 20 day of November, 1972

C. W. Walton
Notary Public, residing at Moscow Idaho
My commission expires 8-1-75
(Seal)

Signed Minnie Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

504 S. Hayes Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of November, 1972

Bruce Tiegs
Notary Public, residing at Moscow Idaho
My commission expires 7-1-76
(Seal)

Signed Emma Birchmier
(Signature of Any Credible Person)

845 E. 8th Moscow, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11/3/72

Wedding announcement gives bride to be's name as Mildred Mirinda Paulson and the groom to be's name as Robert P. Kinzer. Dated Feb. 5, 1938. Viewed by V; S.

FEB 6 1973

Marriage Certificate from Idaho gives groom's name as Robert P. Kinzer and the bride's name as Mildred M. Paulson. Dated Feb. 5, 1938. Viewed by V. S.

Notification of birth Registration from Idaho gives child's name as Claudine May Kinzer born Oct. 21, 1939. Father's name given as Robert Kinzer and mother's name given as Mildred Paulsen. Viewed by V. S.

463-106-029-216

PLACE OF BIRTH

County of Latah

City of Moscow

No. 154 Ashbury St.

Hospital

FULL NAME OF CHILD Donald Ira Matzdorff

[illegible] 1-C—20m-2-15-12

71604

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 101

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 6 1919

FATHER		MOTHER	
FULL NAME	Ira Augusti Matzdorff	FULL MAIDEN NAME	Sadie Sawyers
RESIDENCE	Moscow	RESIDENCE	~~[illegible]~~ Moscow
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N. Dak	BIRTHPLACE	Minn.
OCCUPATION	Auto Mechanics	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D F Rae M D

(Physician or midwife)

Given names added from a supplemental report

19

Address Moscow

Filed Aug 8 1919 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 13 1948

557.201-029-415

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71605

County of Latah

City of Moscow

No. ..... St.

Hospital Inland

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 100

FULL NAME OF CHILD Sylvia Ernestine Engstrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Engstrum	FULL MAIDEN NAME	Minnie Daniels
RESIDENCE	Moscow Ida	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow - Idaho

Filed Aug 15 1919

[signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 16 1971

533-105 (029-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow,

No. 916 So. Jefferson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 61

File No. 71606

Primary Registration District No. 1011

Registered No. 99

FULL NAME OF CHILD William Cecil Elliott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 5, 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William Reuben Elliott	FULL MAIDEN NAME: Edith Wescelia Hardy
RESIDENCE: Moscow, Idaho.	RESIDENCE: Moscow, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Roland, Manitoba, Canada
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark, M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address MOscow, Idaho.

19

Filed Aug. 5 1919

Registrar

Registrar

MAR 16 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

814.127-0290239

County of Latah

City of Moscow

No. 511 So Almond St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71607

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 98

FULL NAME OF CHILD Robert Edgar Hamer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Edgar Hamer	FULL MAIDEN NAME	Susanna Bonita Struble
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Filed Aug 12 1919 D F Roe

Registrar

Registrar

[redacted]

JUN 1 2 1942

367-12-2-029-389

PLACE OF BIRTH

S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

71608

County of Latah

City of Troy

No. ....., ... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 104

FULL NAME OF CHILD Jack Valmer Coghlan

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug. (Day) 22 (Year) 1919
Male		Yes	

FATHER		MOTHER	
FULL NAME	Jack Stanley Coghlan	FULL MAIDEN NAME	Minnetta Christina Johnston
RESIDENCE	Troy Id	RESIDENCE	Troy Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Wales England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson

Physician (Physician or Midwife)

Address Moscow Id

Filed Aug 24 1919 D F Rae Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

492-127-029-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Troy

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

71610

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 107

FULL NAME OF CHILD Jack Myklebust

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug. (Day) 27 (Year) 1919
Male		Yes	

FATHER		MOTHER	
FULL NAME	Knute T. Myklebust	FULL MAIDEN NAME	Karen Halten
RESIDENCE	Troy Id.	RESIDENCE	Troy Id.
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow Id.

Filed Aug. 29 1919 D F Rae Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NAME CHANGE

DWR OF 19-344297

893-220-029-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

71611

County of Latah

City of Moscow

No. R.D. St.

Hospital

Registration District No. 61

Primary Registration District No. 2141

File No.

Registered No. 109

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 20 1919

FATHER		MOTHER	
FULL NAME	Levi Hill	FULL MAIDEN NAME	Sadie Baldridge
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oklahoma	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed Aug 30 1919

D. F. Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71611

PLACE OF BIRTH

NOV 7 1967

231-102-006-753

CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

71612

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. .....

Primary Registration District No. 2194

Registered No. 194

Hospital .....

FULL NAME OF CHILD James Searry Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	U	1st	Yes	July 2 — 191 7

FATHER		MOTHER	
FULL NAME	James Searry	FULL MAIDEN NAME	Helen Peterson
RESIDENCE	Portneuf	RESIDENCE	Portneuf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Simmons M. D.

(Physician or midwife)

Address Blackfoot Ida 31 N. Main

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 16 1917 Mrs Julia E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-118-006-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Between Rivers

Registration District No. 121

File No. 71613

Primary Registration District No. 2194

Registered No. 795

Hospital

FULL NAME OF CHILD Fred William Ezell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	July 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Summer T Ezell	FULL MAIDEN NAME	Lula Pearl Prose
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Aug 16 1919 Wm Walter E. Patrie
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-120-006-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71614

County of Bingham

City of Blackfoot

No. Rockford St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 196

FULL NAME OF CHILD Thomas C. Booth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Booth	FULL MAIDEN NAME	Catherine Martin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Aug 16 1919 Mrs Nates E Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-220-006-414

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 71615

Primary Registration District No. 2194 Registered No. 197

FULL NAME OF CHILD Opal Edwards

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth Second (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Edwards	FULL MAIDEN NAME	Edith Opal Madsen
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Dry Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 31 N Main Blackfoot Ida

Filed Aug 16 1919 Mrs Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-123-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rockford

Registration District No. 121

File No. 71616

No. ..... St.

Primary Registration District No. 2194

Registered No. 198

Hospital .....

FULL NAME OF CHILD Edward Spencer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	U		9th	Yes	July 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Spencer	FULL MAIDEN NAME	Ethel Berthend
RESIDENCE	Rockford	RESIDENCE	~~Rockford~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V J Simmons MD

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 31 N. Main St.

..... Registrar

Filed Aug 16 1919 Mrs Nates E. Patrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-210-006-859

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

Registration District No. 12

File No. 71617

Primary Registration District No. 2,94

Registered No. 200

FULL NAME OF CHILD ~~Bernie~~ NORMA ~~Alfred~~ BERTHA ~~Laying~~ LANGE

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	✓	Second	Yes	Aug 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred ~~Laying~~ LANGE	FULL MAIDEN NAME	Clara Yerke
RESIDENCE	Blackfoot	RESIDENCE	~~Russia~~ Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 31 N. Main St

Filed Sep 17 1919 Wm Walter E. Patrie

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce

Certificate No. 71617

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Layng (Name on Original Certificate) who was born (Was Born or Died) on August 10, 1919 (Date of Event)
in Blackfoot, Bingham Co, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on at time of event (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Layng	Lange
Name	Unnamed	Norma Bertha Lange

Subscribed and sworn to before me this 2nd day of September, 1942

Clinton F. Hoppe
Notary Public, residing at Tacoma Wash

My commission expires Mar 23, 1944
(Seal)

Signed Alfred Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1809 So K Street, Tacoma, Wash. Father
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ill. } ss.
County of Cook

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemn swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of October, 1942

Joseph Reen
Notary Public, residing at 4018 Armitage

My commission expires 1946
(Seal)

Signed Mrs Cecelia Obergefell
(Signature of Any Credible Person Other Than Previous Year)

2130 No Karlov ave Chicago Ill
(Street Address, City, State)

NOV 6 1942

NOV 25 1942

236-119-006-865

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

71618

Registration District No. 171 File No. .....

Primary Registration District No. 2174 Registered No. 201

FULL NAME OF CHILD ..... Newell G. Scott .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Aug. 19 — 1917

FATHER

FULL NAME Newell E. Scott

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Vira Hane

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. J. Summons MD

(Physician or midwife)

Address Blackfoot Idaho

Filed Sept. 7 19 17 Mollie E. Patrick Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-331480 SCOTT

795-114-006-384

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

71619

Registration District No. 121

File No. .....

Primary Registration District No. 2194

Registered No. 20

FULL NAME OF CHILD Arthur Chute Gregory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Second	Yes	Aug 14 1919

FATHER		MOTHER	
FULL NAME	Arthur Gregory	FULL MAIDEN NAME	Hattie Chute
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	England	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 15 a m M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Registrar

Filed Sept 17 1919 Mrs Walter E. Patrick
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended March 6, 1952

PLACE OF BIRTH

365-120-006-852

County of Bingham

City of Blackfoot

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 — File No. 71620
Primary Registration District No. 1007 — Registered No. 203

FULL NAME OF CHILD ROSCOE EARL CONKLIN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	August 20, 1919

What bacteriacidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Roscoe Conklin	FULL MAIDEN NAME	Kate Hess
RESIDENCE		RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Excavating	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. I. Simmons, M.D. (Physician or midwife)

Address 31 N. Main Blackfoot, Ida.

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Sept. 7 1919 Mrs. Walter E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 1952
DIVISION OF VITAL STATISTICS

State of Oregon
County of Baker } ss.

Certificate No. 71620

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Kate Hunsaker (Name on Original Certificate) who was born (Was Born or Died) on Dec 6th 1891 (Date of Event)
in near Cambridge, Nebraska (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knowledge, and/information from my parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Iowa	Nebraska
- and my maiden name was Kate Hess.		

Subscribed and sworn to before me this 4th day of March, 1952

Notary Public, residing at Baker, Oregon
My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires July 15, 1952
(Seal)

Signed Kate Hunsaker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—21m-9-3-17

Registration District No. 121

File No. 71620

Primary Registration District No. 1007

Registered No. 203

FULL NAME OF CHILD Roscoe Earl Conklin

Sex of Child Male

Twin Triplet or other? ✓ and Number in order of birth Third
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roscoe Conklin	FULL MAIDEN NAME	Kate Hess
RESIDENCE		RESIDENCE	Blackfoot.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Excavating	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Simmons

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 31 N. Main Blackfoot Idaho

Registrar

Filed Sept 7 1919 Mrs Talia E. Patrie

Registrar

NOV 21 1956

FEB 8 1952

MAR 7 1952

MAR 7 1952

753-107-006-553

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 1/6/76

71621

County of Bingham

City of Blackfoot

No. Ward #1 St.

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 20

Hospital

FULL NAME OF CHILD Walter H. Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 3 1919

FATHER		MOTHER	
FULL NAME	Jared Peck	FULL MAIDEN NAME	Hannah Nelson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Makeforth M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot, Ida.

Filed Sep 17 1919 Mrs Nalia E. Patrie
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 6 11 49 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 71621

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Walter Ralph Peck (Name on Original Certificate) who was born (Was Born or Died) on August 2, 1919 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Walter Ralph	Walter H.
Date	August 2, 1919	August 3, 1919

Subscribed and sworn to before me this 6 day of January, 19 76

Notary Public, residing at Boise Idaho

My commission expires Sept 18, 1977

(Seal)

Signed Anna Peck

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

990 Cassia Idaho Falls Ida. 83401

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Own child's birth certificate #287859 gives name as Walter Henery Peck.
Viewed-by V.S. (child born December 14, 1939) JAN 6 1976

Discharge Papers dated 18 January 1946 showes name as Walter H. Peck and birth date as 3 August 1919. viewed by Vital Statistics.

Temporary License issued by the State of Idaho on August 2, 1971 gives birth date as 8/3/19. viewed by Vital Statistics

Amended June 4, 1953

PLACE OF BIRTH

692-208-006-265

County of Bingham

City of Blackfoot

No. Ward #4 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 71622

Primary Registration District No. 1007 Registered No. 205

FULL NAME OF CHILD JEAN MARGARET FISHER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 8 1919

What bacterieidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Pearl S. Fisher	FULL MAIDEN NAME: Lucy Bond
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Wisc.	BIRTHPLACE: Utah
OCCUPATION: laborer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

(Signature) F. W. Mitchell, M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed Sept. 7 1919 Mrs. Walter E. Patrie
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bingham } ss.

Certificate No. 71622

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ~~PEARL S.~~ Gene FISHER (Name on Original Certificate) who was born (Was Born or Died) on August 8th, 1919, (Date of Event)
in Blackfoot, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my personal knowledge as father, (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Gene Fisher	Jean Margaret Fisher

Subscribed and sworn to before me this 2nd day of June, 19 53.
John W. Jones
Notary Public, residing at Blackfoot, Idaho
My commission expires July 17th, 1953.
(Seal)

Signed Pearl S Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
267 South Maple, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 19 53.
John W. Jones
Notary Public, residing at Blackfoot, Idaho
My commission expires July 17th, 1953
(Seal)

Signed Ruth F. Watson
(Signature of Any Credible Person)
267 South Maple, Blackfoot, Idaho
(Street Address, City, State)

JUN 4 - 1953

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71622

County of Bear Lake

City of Bloomington

No. Ward # 4 St.

Hospital

Registration District No. 12

Primary Registration District No. 1007

File No.

Registered No. 205

FULL NAME OF CHILD Glen Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 8 1917

FATHER		MOTHER	
FULL NAME	Edward S. Fisher	FULL MAIDEN NAME	Lucy Bond
RESIDENCE	Bloomington, Idaho	RESIDENCE	Bloomington, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Address Bloomington, Ida.

Filed Sept 7, 1917 Helen E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 2 1973

MAY 1 9 1953 JUN 5 - 1953

965.113.006-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Rose Precinct St.

Registration District No. 121 File No. 71623

Primary Registration District No. 2194 Registered No. 206

Hospital

FULL NAME OF CHILD Henry Ronfelt Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Ronfelt	FULL MAIDEN NAME	Catherine Salterbeck
RESIDENCE	Blackfoot, Idaho (Rose)	RESIDENCE	Blackfoot, Idaho (Rose)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed Sept 7 1919 Mrs Nature E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-212-006-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 71624

No. ..... St.

Primary Registration District No. 2194

Registered No. 207

Hospital .....

FULL NAME OF CHILD Unnamed Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence Myrddin Thomas	FULL MAIDEN NAME	Delphia Laverne [illegible]
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed Sept 7 1919 Mrs Walter E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-101-006-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71625

County of Bingham

City of Blackfoot

No. R.D. # 1 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 209

Hospital

FULL NAME OF CHILD Unnamed Pack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wehrli D. Pack	FULL MAIDEN NAME	Lucile Adelia Hart
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sandwich Islands	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Sept 7 1919 Mrs Nature E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted] ...AHO

Form V. S. No. 11-[redacted]

165-268-006-449

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 71627

No. ..... St.

Primary Registration District No. 2194

Registered No. 211

Hospital .....

FULL NAME OF CHILD Alta Irene Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Jones	FULL MAIDEN NAME	Carrie Murdie
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Tin Cup Col	BIRTHPLACE	Col
OCCUPATION	~~Housewife~~ Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at Two A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C Clark

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Sept 7 1919 Mrs Walter E. Patrick

Registrar

Registrar

R-Y CO. 20174

[redacted]

JUN 24 1968

13 1942

327

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

ATTENDIN

(Signature)

Address

153.102.006-553

[redacted] Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No

Registration District No. 121

File No. 71628

Primary Registration District No. 2194

Registered No. 212

FULL NAME OF CHILD Donald Anthony

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	August (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Howard Anthony	FULL MAIDEN NAME	Lilian Nelsen
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

..... Registrar

Filed Sep 17 1919 Mrs Walter E. Patrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-103-006-753

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71629

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

File No. .....

Primary Registration District No. 2194

Registered No. 213

FULL NAME OF CHILD Arthur Avon Broadhead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 3rd 1919

FATHER		MOTHER	
FULL NAME	Arthur Z Broadhead	FULL MAIDEN NAME	Effie Peterson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Elnora Hammond

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moreland Idaho

Filed Sept 7 1919 Mrs Nattie E Patrick

Registrar

Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 3 8 47 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada } ss.
County of Clark }

Certificate No. 71629

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Broadhead (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 3, 1919 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism ← → 8-7-27 Certificate of Blessing prepared on → 10-05-1919
(Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Arthur Avon Broadhead

Subscribed and sworn to before me this 28 day of February, 19 77

Notary Public, residing at Las Vegas Nev.
My commission expires May 21 1977
(Seal)

OFFICIAL SEAL
Corinne A. Fulkerson
NOTARY PUBLIC
STATE OF NEVADA
CLARK COUNTY
My Commission Expires May 21, 1977

Signed Shirley A. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1555 E. Flamingo #440, Las Vegas NV 89109
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of February, 19 77

Notary Public, residing at Las Vegas Nev.
My commission expires May 21 1977
(Seal)

OFFICIAL SEAL
Corinne A. Fulkerson
NOTARY PUBLIC
STATE OF NEVADA
CLARK COUNTY
My Commission Expires May 21, 1977

Signed Marie E. Lantz
(Signature of Any Credible Person)

325 E St Louis #208, Las Vegas, NV 89104
(Street Address, City, State)

Form DH 60-155 CL 2/22/77

Certif of Baptism and Confirmation from the LDS Church gives name as Arthur Avon Broadhead son of Z. Arthur Broadhead and Effie Peterson. born Aug 3, 1919 at Thomas, Idaho. Baptized Aug 7, 1927 . viewed by V. S.

MAR 3 0 1977

Certif of Blessing from the LDS Church gives name as Arthur Avon Broadhead son of Z. Arthur and Effie Peterson. Born Aug 3, 1919 at Thomas, Idaho Blessed Oct 5, 1919. viewed by V. S.

849-131-006-445

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71630

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. St.

Primary Registration District No. 1007

Registered No. 214

Hospital

FULL NAME OF CHILD Bert Franklin Quillan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓			yes	July 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jake J Quillan	FULL MAIDEN NAME	Marie Dunn
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Missouri
OCCUPATION	Contractor + Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J B Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed Sept 7 1919 Mrs Walter E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

236-202-006-666

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71631

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 215

FULL NAME OF CHILD Catherine Elizabeth Stoneman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Stoneman	FULL MAIDEN NAME	Ruth Officer
RESIDENCE	Blackfoot Ida.	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Canada	BIRTHPLACE	Kansas
OCCUPATION	Bee-Keeper	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 06 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J B Davis

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Sept 7 1919 Mrs Nellie E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

349-215-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71632

County of Bingham

City of Blackfoot

No. R.F.D. St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 216

FULL NAME OF CHILD ~~[illegible]~~ Elvira Marian Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Curtis	FULL MAIDEN NAME	Florence Berry
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. B Davis (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Sep 17 1919 Mrs Walter E Catris Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1949

719-118 1006-995

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71633

County of Bingham

City of Blackfoot

No. R. F. D. ~~St.~~

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 217

FULL NAME OF CHILD ~~Unnamed~~ Garcia, AURELIO QUINTANA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ancolno Garcia	FULL MAIDEN NAME	Retigia Rintana
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	Mex.	COLOR	Mex.
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 33 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Sept 7 1919 Mrs Nalie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

63L 264
024 65

PLACE [redacted]

County of [redacted]

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 71634

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD ~~Baby Flack~~ Jessie Lorraine Flack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	9 (Month) — 4 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo Flack	FULL MAIDEN NAME	Emma Webb
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	W Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Carey M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 9-6 1919 F. T. Carey M. D. Registrar

..... Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71634

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Flack (Name on Original Certificate) who was born (Was Born or Died) on Sept 4, 1919 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Flack	x Jessie Lorraine Flack

Subscribed and sworn to before me this 3rd day of May, 1965.

Notary Public, residing at New Plymouth Idaho
My commission expires June 16, 1966
(Seal)

Signed Evamae P. Flack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 467 New Plymouth Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 1965.

Notary Public, residing at Boise, Idaho
My commission expires 9-1-68
(Seal)

Signed Merrill D. Fanning, Sr.
(Signature of Any Credible Person)

1129 Denver - Boise, Ida
(Street Address, City, State)

FORM DH 60-155

ICDD rec # 1123 CL 2-24-64

Manifold C

OCT 29 1965

Family Record gives name of child as Jessie Lorraine Flack, daughter of George Flack and Emma Webb born Sept. 4, 1919 at Gooding, Idaho. Record obviously old.
Viewed by V. S.

School Record from New Plymouth Public Schools Dist. # 372 gives name of student on file in records of the superintendent's office as Jessie Lorraine Flack born Sept. 4, 1919 . Attended school Jan 9, 1931.
Dorothy Bradley, Clerk.
Viewed by V. S.

653-2130 653

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. .....

File No. 71635

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD Ella Freida Wetzel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
F		Yes	7 (Month) — 30 (Day) — 19 9 (Year)

FATHER		MOTHER	
FULL NAME	Lea Wetzel	FULL MAIDEN NAME	Freda Wetzel
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Carey

M. D. (Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9 — 8 — 19 19 F. J. Carey M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1981

6-12-81

RECEIVED
JUL 9 1981
Bureau of Vital

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIF
County of Colusa } ss.

Certificate No. 71635
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wetzel (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-30-19 (Date of Event)

in Gooding (Gooding) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ella Freida Wetzel

Subscribed and sworn to before me this 6th day of July, 1981

Notary Public Jerry Francis Myers

Residing at Colusa CA

My commission expires 11/27/84

(Seal)

OFFICIAL SEAL
JERRY FRANCIS MYERS
NOTARY PUBLIC - CALIFORNIA
COLUSA COUNTY
My comm. expires NOV 27, 1984

Signature of Applicant

115 Country Club Dr
Street Address, City, State Colusa, Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of CALIF
County of Colusa } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1981.

Notary Public, Jerry Francis Myers

Residing at Colusa, CA

My commission expires

(Seal)

OFFICIAL SEAL
JERRY FRANCIS MYERS
NOTARY PUBLIC - CALIFORNIA
COLUSA COUNTY
My comm. expires NOV 27, 1984

Supporting Signature

1249 8th St Colusa Ca
Street Address, City, State

Own child's birth certificate on file with Colusa County Health Department of Colusa, California. Gives mother's name as Ella Frieda Wetzel age 31 born in Idaho. Child born March 17, 1951.
Viewed by V.S.

Family Record gives name as Ella Freida Wetzel born July 30, 1919, in Gooding, Idaho Record issued 1952.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-201-024-719

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

Registration District No. .....

File No. 71636

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD Mary Ruth Berger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Berger	FULL MAIDEN NAME	Clara Painter
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Virginia
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lumb

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida.

Registrar

Filed 9-8-1919 F. T. Cary MD. Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ..... }

Certificate No. 71636

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Berger (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1919 (Date of Event) in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Berger	Mary Ruth Berger

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 9th day of August, 19 61

Margaret Felt
Notary Public, residing at Boise, Idaho
My commission expires 12-14-64
(Seal)

Signed Caroline Painter
(Signature of Any Credible Person)

100 Warm Springs Avenue, Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

Marriage Certificate gives name as Mary Ruth Berger. dated December 30, 1939. Viewed by VS.

Own childs birth certificate gives mothers name as Mary Ruth Berger Dated July 24, 1947. On file in Idaho # 440261.

AUG 11 1980

215-220-024-655

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Name added 3-20-81

Registration District No. .....

File No. .....

Primary Registration District No. 10.24

71637

Registered No. .....

FULL NAME OF CHILD ..... Edna Opal Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 20 1919

FATHER		MOTHER	
FULL NAME	Arthur Sanders	FULL MAIDEN NAME	Nellie Breech
RESIDENCE	Clovercreek	RESIDENCE	Clovercreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Evans M.D.

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-8-1919 F.T. Carey M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 2 4 10 PM '81
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

Certificate No. 71637

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Unnamed Sanders (female child) who was born on June 20, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edna Opal Sanders

Subscribed and sworn to before me this 14 day of November, 19 64

J. L. Matthews
Notary Public, residing at Carlin Nevada
My commission expires Aug. 7, 1968
(Seal)

Signed Mrs A. F. Sanders
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carlin, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Elko }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of November, 19 64

J. L. Matthews
Notary Public, residing at Carlin Nevada
My commission expires Aug. 7, 1968
(Seal)

Signed Louise S Hill
(Signature of Any Credible Person)

Carlin Nevada
(Street Address, City, State)

FORM DH 60-155

CE 9-18-64. nm

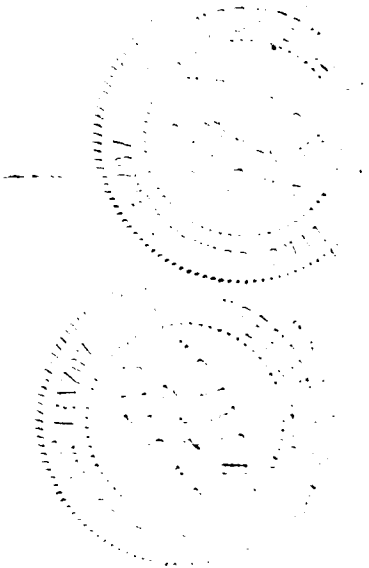
MAR 20 1981

Bachelor of Science Degree issued by the Montana University System gives name as Edna Sanders Rytting. Issued June 5, 1971, at Dillon, Montana.
Viewed by V.S.

Marriage license gives name as Edna Sanders married to Darrell Rytting on April 6, 1938. Recorded in Twin Falls County, Idaho.
Viewed by V.S.

Family Register gives name as Edna Opal Sanders born June 20, 1919 to Arthur F. Sanders and Nellie Pearl Wick. Original record obviously old.
Viewed by V.S.

Application for Employment gives name as Edna Opal Rytting. Record issued by Nevada State Personnel Division in September 1972. Birthdate given as June 20, 1919.
Viewed by V.S.



314-114-024-713

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 71638

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD Tadlock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Tadlock	FULL MAIDEN NAME	Grace Patterson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nevada
OCCUPATION	Horse dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lumb

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 9-8-1919 F.T. Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-115-024-433

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 71639

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD Conoway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Conoway	FULL MAIDEN NAME	Lena McCoy
RESIDENCE	Unkown	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Day laboror	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A E Lumb

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 9-8-1919 F.T. Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

257-222-024-455

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. .....

File No. 71640

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD .... JUANITA MARY Beggs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	July 22 1917

FATHER		MOTHER	
FULL NAME	Hallie Beggs	FULL MAIDEN NAME	Minnie Mengedoth
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H E Lamb M D

(Physician or midwife)

Address Gooding Ida.

Filed 1-8-1918 F. T. Carey M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

NOV 18 1941

State of Wyoming } ss.
County of Albany }

Certificate No. 71640

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth ~~or death~~)

for Unnamed Beggs (Name on original certificate) who WAS BORN (Was born ~~or died~~) on July 22, 1919 (Date of event)

in Gooding, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on September 23, 1937 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Beggs	Juanita Mary Beggs

Subscribed and sworn to before me this 12th day of Nov. 1941.

[illegible] Notary Public, residing at Laramie, Wyo.

My commission expires Monday, 1943.

[SEAL]

Signed Mrs. J. O. Beggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyo. } ss.
County of Albany }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of Nov. 1941.

[illegible] Notary Public, residing at Laramie, Wyo.

My commission expires Monday, 1943.

[SEAL]

Signed Mrs. Geo. F. Cameron
(Signature of any credible person other than the previous affiant.)

1009 S. 2nd Laramie, Wyo.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. 443-107.024-863 St.

Registration District No. .....

File No. 71641

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Albert Kenneth Mulkey

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? X

Date of Birth Aug 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Mulkey	FULL MAIDEN NAME	Ida May Hotchkiss
RESIDENCE	~~White~~ Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lomb M.D. (Physician or midwife)

Given names added from a supplemental report.

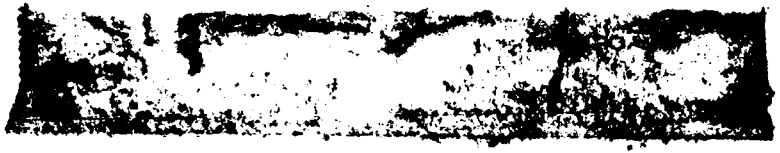
..... 19.....

Registrar

Address Gooding Ida.

Filed 7-9- 1919 Fil. Cary M.D. Registrar

MAR



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71642

Registration District No. ..... File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Bruce Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		X	Aug 31 1919

FATHER		MOTHER	
FULL NAME	Martin Ward	FULL MAIDEN NAME	Louise Swanson
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E [illegible]

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding

Filed 9-9-1919 F.T. Cary M.D. Registrar

Registrar

S-Y-CO 38071

JAN 6 1942

593-125-024-265

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71643

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Nicolaysen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			X	Aug 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jens Nicolaysen	Hazel Bonney
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Iowa	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb M D (Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-9-1919 F. T. Cary M. D. Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7/26/71

PLACE OF BIRTH

391-101-024-663

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 71644

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Charles Fred Cramblet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		X.	Aug 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Cramblet	FULL MAIDEN NAME	Anna Folson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding, Ida.

Filed 9-9-1919 F. T. Cary M. D.

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 71644

County of Del Norte Date Filed

RECEIVED JUL 6 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Cramblett (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1919 (Date of Event) in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Charles Fred Cramblet
Father's name	Fred Cramblett	Fred Cramblet

Subscribed and sworn to before me this 14th day of June, 1971

Charles R. Brown

Notary Public, residing at Crescent City, Calif.

My commission expires

(Seal)

CHARLES R. BROWN
NOTARY PUBLIC
Del Norte County, California
My Commission Expires May 8, 1972

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Anna Folsom Cramblet

(Street Address, City, State) Po Box 643 Crescent City Ca

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1971

Marion Smith

Notary Public, residing at Los Altos

My commission expires

(Seal)

OFFICIAL SEAL
MARION SMITH
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN THE
COUNTY OF SANTA CLARA

Signed William J. Leffler

(Signature of Any Credible Person)

San Martin Place Los Altos, Calif.

(Street Address, City, State)

FORM DH 60-155 CL 6/3/71 rm My Commission Expires March 25, 1972

Bachelor of Science in Engineering from the California State Polytechnic College gives name as Charles F. Cramblet, Jr. Dated June 16, 1941. Signed by Julian A. McPhee, President. Viewed by V. S.

JUL 26 1971

Honorable Discharge from the Army of the U.S. gives name as Charles F. Cramblet, 39 014 480 Private First Class, Company B 125th Armored Engineer Battlion.Dated August 10, 1945. Signed by. Oscar T. Nations, Major MAC. Viewed by V. S.

Marriage Certificate ~~xax~~ from State of Idaho gives groom's name as Fred Cramblet and the brides name as Anna Folsom. Dated March 16, 1955. Signed by Bert Bowler. Viewed by V. S. (date of marrige givesn as Dec. 11, 1913.)

Census record gives father's name as Fred C. Cramblet and mother's name as Anna F. Census id taken from January 1, 1920 in Idaho. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6[redacted]

[redacted] V. S. No. 11-C—[redacted]

Cou[redacted]

City of Big Willow

NAME CHANGED PURSUANT TO COURT ORDER DATED 7-31-03 CERTIFICATE AMENDED 8-12-03 DHS

Registration District No. 5

File No. 71645

Primary Registration District No. 2009

Registered No. 16

Hospital

FULL NAME OF CHILD ~~Hildreth~~ LENORE ~~Maria~~ SHIRLEY Wing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	July 8 1919

FATHER		MOTHER	
FULL NAME	Wm H. Wing	FULL MAIDEN NAME	Alice Mathers
RESIDENCE	Big Willow-Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	~~Iowa~~ Kans.	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address New Plymouth Ida

Filed July 1919

Wm T. Drysdale

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

By .....

03 AUG -2 AM 10:27

IN THE CIRCUIT COURT OF THE STATE OF OREGON

For Douglas County _____
(If Family Law or Probate Department, so state)

In the Matter of the Change of Name of:

Hiedreth Maria Wing, Petitioner,
PRESENT NAME

to

Lenore Shirley Wing Duncan.
NEW NAME

Case No. 03CV2507NC

CHANGE OF NAME DECREE (4)

The Court is satisfied that Petitioner's request for a name change ought to be granted. Therefore, it is hereby ORDERED AND DECREED:

The name of Hiedreth Maria Wing hereby is changed to
PRESENT NAME

Lenore Shirley Wing Duncan. Notice of this
NEW NAME

name change shall be posted in a public place in this county for a period of 14* days.

Dated July 31, 2003.

_____
Judge

Ronald Poole
(TYPE OR PRINT JUDGE'S NAME)

Submitted by:

Hiedreth Maria Wing
☐ ATTORNEY'S ☒ PETITIONER'S NAME (TYPE OR PRINT) BAR NO. (IF ANY)

129 Cripple Creek Lane
ADDRESS

Tenmile, OR 97481 679-8512
CITY STATE ZIP PHONE

_____
TRIAL ATTORNEY IF OTHER THAN ABOVE (TYPE OR PRINT) BAR NO.

If this document does not bear the name and bar number of an attorney as its author or preparer, truthfully complete the following Certificate of Document Preparation, checking all boxes and completing all blanks which apply.

A. ☒ I selected this document for myself, and I completed it without paid assistance.

B. ☐ I paid or will pay money to _____ for assistance in preparing this form/document.

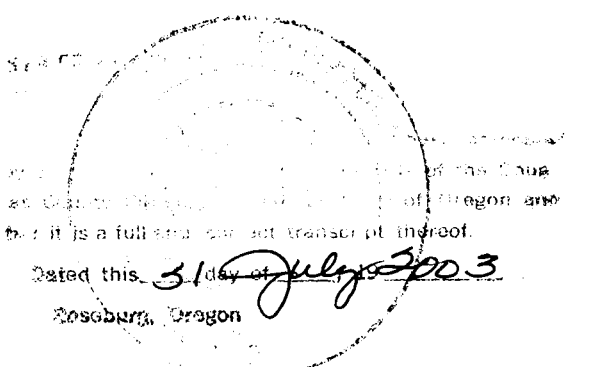
Dated July 31, 2003.

Hiedreth Maria Wing
SIGNATURE

Hiedreth Maria Wing
(TYPE OR PRINT NAME)

*This period varies from county to county. Check with the clerk of your county.

FORM No. 1138 ©1997
Stevens-Ness Law Pub. Co.
Portland, OR 97204 NT



Dated this 31 day of July 2003

Roseburg, Oregon

Trial Court Administrator

By

458-113-038-132

PLACE OF BIRTH

County of Payette

Form V. S. No. 11-C—Rim-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of .....

Registration District No. 5

File No. 71646

No. ..... St.

Primary Registration District No. 7009

Registered No. 17

Hospital .....

FULL NAME OF CHILD Paul Ford Eugene Mayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	July 13 1919

FATHER

FULL NAME Ernest Mayer

RESIDENCE New Plymouth Ida.

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Neb.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Florence Ackerman

RESIDENCE with husband.

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida.

Given names added from a supplemental report.

.....19.....

Filed July 13 1919

Wm J. Drysdale
Registrar

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1940

363-114-038-369

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Mrs. E. Nr. Plymouth

No. ..... St.

Registration District No. 5

File No. 71647

Primary Registration District No. 7009

Registered No. 18

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 14 1919

FATHER		MOTHER	
FULL NAME	Jas Herbert Cole-	FULL MAIDEN NAME	Elsa Corbin-
RESIDENCE	Nr Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash-	BIRTHPLACE	Iowa-
OCCUPATION	Farmer-	OCCUPATION	Housewife-

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dysedale M.D.

(Physician or midwife)

Address Nr Plymouth - Ida -

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 19 19 Wm J. Dysedale
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-215-038-689

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71648

County of Payette

City of .....

No. ..... St.

Hospital .....

Registration District No. 5

Primary Registration District No. 2009

File No. .....

Registered No. 19

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes	July 15 1919

FATHER		MOTHER	
FULL NAME	Albert Lewis Cole	FULL MAIDEN NAME	Bertha Whipple
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband.
COLOR	w.	COLOR	w
AGE AT LAST BIRTHDAY (Years)	27.	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dypedale M. D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1919 Wm J. Dypedale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294216-29-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

71649

County of Ada

City of .....

Registration District No. .....

File No. .....

No. ..... St.

Primary Registration District No. 5

Registered No. 2009

Hospital .....

FULL NAME OF CHILD Etta Lezetta Sims -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	July 16 1919

FATHER		MOTHER	
FULL NAME	A. J. Sims -	FULL MAIDEN NAME	Katie Hall
RESIDENCE	Near Letha -	RESIDENCE	with husband -
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho -	BIRTHPLACE	Wyoming -
OCCUPATION	Farmer	OCCUPATION	Housewife -

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a - M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 19 19 Wm J. Drysdale

Registrar

[redacted]

AUG 21 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 71649

Date Filed .....

RECEIVED
NOV 18 1968
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Sims (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1919 (Date of Event)

in Gem County, Idaho (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Etta Lezetta Sims

Subscribed and sworn to before me this 30 day of October, 1968

Fancy P. Broadbent
Notary Public, residing at Boise, Idaho
My commission expires 1972
(Seal)

Signed Katie A Sims
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

621 N. Wash Emmett Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Bud Sims
(Signature of Any Credible Person)

2017 Longmont Boise Idaho
(Street Address, City, State)

FORM DH 60-155 L 10-9-68 two copy spd. rec. #2755 (for 1 copy)

Photo copy of Certificate of Membership in LDS Church, gives name as Etta Lezetta Sims Stuart, born July 16, 1919 ~~&~~ near Letha, Gem Co., Idaho, to Alvin J. Sims and Katie Amelia Hale, blessed Aug. 3, 1919, baptized July 16, 1927 - viewed by VS.

DEC 19 1968

Child's Birth Certificate on file (Idaho Birth), #320725, gives mother's maiden name as Etta Lezetta Sims - viewed by VS.

993-22-038-66

PLACE OF [redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71650

County of Payette

City of New Plymouth

No. ..... St.

Hospital .....

Registration District No. 5

File No. .....

Primary Registration District No. 1009

Registered No. 21

FULL NAME OF CHILD Jean Rice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claton S. Rice	FULL MAIDEN NAME	Esther Wood
RESIDENCE	New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Clergyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed Sept 1 1919 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1942

[redacted]

MAY 17 1973

JUN 4 1973

239-130-038-459

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71651

County of Payette

City of Mile New Plymouth

Registration District No. 5

File No.

No. St.

Primary Registration District No. 2009

Registered No. 22

Hospital

FULL NAME OF CHILD Robert Raymond Bliss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	July 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Raymond Bliss	FULL MAIDEN NAME	Dorothy Merritt
RESIDENCE	Mile E. New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wis	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

19

Filed Sept 1 1919 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459.112 038-452

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Mm-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71652

Registration District No. 5 File No. .....

Primary Registration District No. 1009 Registered No. 23

FULL NAME OF CHILD Vernon Arnold Meier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 12 1919

FATHER		MOTHER	
FULL NAME	Ernst Meier	FULL MAIDEN NAME	Alma Messel
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Clergyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed 9-3-1919 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

MAY 2 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793.221-038-215

PLACE OF BIRTH

County of Payette

City of near Falk

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71653

Registration District No. 5 File No. .....

Primary Registration District No. 2009 Registered No. 74

FULL NAME OF CHILD ... Charlotte Louise Gilman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
7				Aug 21 1917

FATHER		MOTHER	
FULL NAME	Chas F Gilman	FULL MAIDEN NAME	Ruth Handler
RESIDENCE	near Falk - Ida -	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Cal	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P— M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D -

(Physician or midwife)

Address Wm Plymouth Ida

Filed Aug 19 19

Wm J. Drysdale
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

FEB 14 1951

AMENDED MAR 12 1951

PLACE OF BIRTH

85-9-124-038-763

County of Payette

City of 1 Mi. W. New Plymouth

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 7165

Primary Registration District No. 2009 Registered No. 26

FULL NAME OF CHILD JOHN HEROLD, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 24 1929

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Herold	FULL MAIDEN NAME	Florence Potter
RESIDENCE	1 mi. W. New Plymouth	RESIDENCE	with husband
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wis.	BIRTHPLACE	So. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Drysdale MD
(Physician or midwife)

Address New Plymouth, Ida.

Give names added from a supplemental report.

....., 192....

....., Registrar.

Filed Aug 1929 Wm. T. Drysdale, Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Payette

City of 1 mi W New Plymouth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71654

Registration District No. 5 File No. .....

Primary Registration District No. 2009 Registered No. 26

FULL NAME OF CHILD JOHN HEROLD, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 24 1919

FATHER		MOTHER	
FULL NAME	John Herrold	FULL MAIDEN NAME	Florence Potter
RESIDENCE	1 mi W. New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wis	BIRTHPLACE	So Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address New Plymouth Ida

Filed Aug 19 19 Wm T. Drysdale

Registrar

Registrar

MAR 16 1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lem

Certificate No. 71654

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Herrald (Name on Original Certificate) who born (Was Born or Died) on Aug. 24, 1919 (Date of Event)
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on Jan 10, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Herrald	John Herold, Jr.
Father's name	John Herrald	John Herold

Subscribed and sworn to before me this 10th day of March, 1951.

Margaret Lomax
Notary Public, residing at Emmett, Idaho
My commission expires Oct 13, 1952
(Seal)

Signed John H Herold X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

819-224.038-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of 4 mi E. New Plymouth

Registration District No. 5 File No. 71655

No. ..... St.

Primary Registration District No. 2009 Registered No. 25

Hospital .....

FULL NAME OF CHILD Jean Caroline Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Aug 24 1919

FATHER		MOTHER	
FULL NAME	Wallace Harris	FULL MAIDEN NAME	Grace Gardner
RESIDENCE	4 mi E New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Canada	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address New Plymouth Ida

Filed Aug 19 19 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-225-023-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

71656

County of Ann

City of Mi E. Falk

No. ..... St.

Hospital .....

Registration District No. 5

File No. .....

Primary Registration District No. 2009

Registered No. 27

FULL NAME OF CHILD Alice Marie Whiteley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 25 1919

FATHER		MOTHER	
FULL NAME	Myron Whiteley	FULL MAIDEN NAME	Kate Warwood
RESIDENCE	Mi E Falk	RESIDENCE	with husband
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Vir -	BIRTHPLACE	Vir -
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address New Plymouth Ida

Filed Sept. 1 1919 Wm T. Drysdale

Registrar

Registrar

[redacted]

JUN 2 9 1942

71656

nited States
epartment of Commerce
ureau of the Census

JUN 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347
Local Reg. No. 6
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon or Gem (b) City Emmett
(c) Street Address or R.F.D. No. X /
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county ✓ years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem (or Canyon)
(c) City Emmett Ida
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Ida

FULL NAME OF CHILD Alice Marie Whiteley

5. Date of Birth of Child (Month, day, year) Aug 24 1919

Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

0. **FULL NAME** Myron Whiteley
1. Color or Race White
12. Age at time of THIS birth 33 yrs.
3. Birthplace Fountain Green (City or town) Utah (State or foreign country)
4. Exact Occupation Farming
5. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Martha Warwood
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

2. Name prophylactic used to prevent Ophthalmia Neonatorum

3. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

4. I HEREBY CERTIFY That I attended the birth of this child, who was Journalist (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Kate Whiteley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

5. Attendant's **OWN** signature W T Ongsdale M.D. ~~Midwife~~ Address Wood Wise Date 3/20/42

tate of ..... } ss.
ounty of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears n Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that he facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under hapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eceived for filing on March 23-1942 by J L Reynolds, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

358.124.043-358

[redacted] V. S. No. 11-C

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Norwood

No. ..... St.

Hospital .....

Registration District No. 15

File No. 71657

Primary Registration District No. .....

Registered No. 274

FULL NAME OF CHILD Leonard Olave Lehti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			June 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Felix Lehti	FULL MAIDEN NAME	Zennie Lehti
RESIDENCE	Norwood	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Wyoming
OCCUPATION	Labor	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Felix Lehti

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Norwood Ida

Filed 9-8 1919 Mary McDonald Dept Registrar

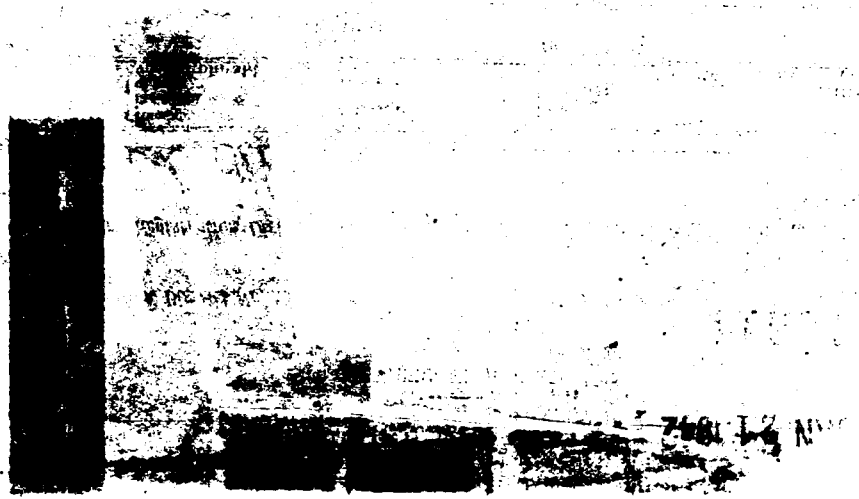
..... Registrar

9-V CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-229-
043-381

PLACE OF BIRTH

[redacted]

11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

71658

County of Valley

City of Cascade

Registration District No. 15

File No.

No. , St.

Primary Registration District No.

Registered No. 212

Hospital

FULL NAME OF CHILD Donna Woodward

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.M		yes	~~8~~ 7 ~~4~~ 29 1919

FATHER		MOTHER	
FULL NAME	Sidney A Woodward	FULL MAIDEN NAME	Alice Thalman
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	white	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Stoggle

Phy (Physician or Midwife)

Given name added from a supplemental report

, 19

Address Cascade Ida

Filed 8-29 1919 Mary McDonald Dept Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

897-104-043-297 [redacted]

PLACE OF BIRTH

County of Valley

City of Cascade

Registration District No. 15

File No. 71659

No. ..... St.

Primary Registration District No. .....

Registered No. 211

Hospital John Bigelow

FULL NAME OF CHILD Jno Higgins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	8 4 1919

FATHER		MOTHER	
FULL NAME	Jno Higgins	FULL MAIDEN NAME	Marian Bigelow
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	N.Y.
OCCUPATION	Engineer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Ethogy Jr

Phys (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Registrar

Address Cascade Ida

Filed 8-29 1919 Mary R McDonald Dept Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

DECEASED

296-216-043-296

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71561

County of Valley

City of

No. St.

Hospital

Registration District No. 15

File No.

Primary Registration District No.

Registered No. 209

FULL NAME OF CHILD Hallen May Brownlee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2	yes	August 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Waits	FULL MAIDEN NAME	Lena May Brownlee
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address McCall Ida

Filed 8-29 1919 Mary McDonald Dept

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-123-043-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-1d

CERTIFICATE OF [redacted]

71662

County of Valley

City of Norwood

No. ——— St. —

Hospital ———

Registration District No. 15

File No.

Primary Registration District No.

Registered No. 213

FULL NAME OF CHILD John Victor Kangas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug. 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Gustaa Kangas	FULL MAIDEN NAME	Elizabeth Wainionpää
RESIDENCE	Norwood	RESIDENCE	Norwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer.	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G. Kangas
(Physician or midwife)

Given names added from a supplemental report.

Address Norwood Ida

19

Filed 9-4 1919 Mary McDonald
Registrar

Registrar

S-T CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 71662

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	not named	John Victor Kangas

Subscribed and sworn to before me this 10 day of January 1942

Emmy Robertson
Notary Public, residing at Boise Idaho

My commission expires 2-2-1945
(SEAL)

Signed William Kangas
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 10 1942

765-220-013-236

Form V. S. No. 11-C—2M-3-8-17

PLACE OF BIRTH

STATE OF IDAHO
OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71663

County of Camas

City of ~~Soldier~~ Fairfield

Registration District No. 58th

File No.

No. 2 miles N. of Soldier St.

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD Glenis Pond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 20 1919

FATHER		MOTHER	
FULL NAME	Rufus Rowland Pond	FULL MAIDEN NAME	Cora Stocks
RESIDENCE	Fairfield ~~Soldier~~ Idaho	RESIDENCE	Fairfield ~~Soldier~~, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield Idaho

19

Filed Aug 28 1919 L Wilencheck

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canas
City of Fairfield
No. ____ St.
(If born in hospital or institution give name.)

RECEIVED
AUG 11 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Glenis Pond

3. Sex female | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? Yes | 8. Date of birth Aug 20, 1919 (Month, Day, Year)

FATHER

9. Full name Rufus Roland Pond
10. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Oakley Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Cora Stocks
19. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Lewiston Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks | 30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 7:9 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or Cora Pond, nurse Midwife
Address Fairfield

Give name added from a supplemental report ____ (Date of)

W. P. Parkinson
Registrar.

Filed ____, 193____
Registrar.

cc 3/31/41 RMF

5 567-227-013-569

Form V. S. No. 11-G—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71664

County of Camas

City of (Mine above Smoky Mountain

No. 25 miles North St. Fairfield

Hospital

Registration District No. 58th

Primary Registration District No. 2138

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 27 1919

FATHER		MOTHER	
FULL NAME	Joe Vogner	FULL MAIDEN NAME	Myrtle Ewing
RESIDENCE	25 miles N. of Fairfield	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Mackay, Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho

19

Filed Aug 28 1919

L Wilencheck
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-128-013-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

County of Camas

City of Hill City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71665

Registration District No. 58-d

Primary Registration District No. 2138

File No. .....

Registered No. .....

FULL NAME OF CHILD Cleland Johnston

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Aug. 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alton Johnston	Verde Blair Munk
RESIDENCE	Hill City, Idaho.	Hill City, Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Missouri	Virginia
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3-d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Address Fairfield, Idaho.

Filed Sept 4 19 20

L Wilencheck
Registrar

APR 16 194

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 71665

Date Filed April

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Cleland Johnston (NAME OF ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug - 28 - 1919 (DATE OF EVENT) in Hill City, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POL[illegible], ETC.) prepared on ~~Aug 28 1919~~ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Cleland Johnston
mother's name	Bercie C. Mink	Vercie Clair Mink

Subscribed and sworn to before me this 11th day of April 1942

Gilbert Brinton

Notary Public, residing at Gooding

My commission expires Nov. 23-1944

(SEAL)

Signed Vercie Clair Johnston

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gooding Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April 1942

Gilbert Brinton

Notary Public, residing at Gooding

My commission expires Nov. 23-1944

(SEAL)

Signed Alton E. Johnston

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Gooding Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 20 1942

319-13 1-013-231 Amended 6/27/79

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6.

County of Camas

City of Blaine

No. ..... St.

Hospital .....

Registration District No. 58d

Primary Registration District No. 2138

File No. 71666

Registered No. .....

FULL NAME OF CHILD Orival M. Laisure

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes.	Aug 31 1919

FATHER		MOTHER	
FULL NAME	Tom Laisure	FULL MAIDEN NAME	Mary Slatton
RESIDENCE	Blaine, Idaho.	RESIDENCE	Blaine, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Tennessee.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 16 19 19 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 25 1 28 PM '79
VITAL STATISTICS

State of _____ } ss.
County of _____

Certificate No. 71666
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Laisure (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 31, 1919 (Date of Event)

in Blaine, Idaho (Camas) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	ORIGINAL MARION [illegible] Laisure
date of birth	~~Aug 31~~, 1919	Aug 30, 1919

Subscribed and sworn to before me this 21 day of June, 1979.

Notary Public, Walt Davis
Residing at Eugene Oregon
My commission expires 7-24-81
(Seal)

Signature of Applicant

85255 Ridgeway Rd Pleasant Hill Ore
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Maude E Laisure
Supporting Signature

85255 Ridgeway Rd Pleasant Hill Oregon
Street Address, City, State

CL 6/13/79 Rush

Assumed Business Name Certificat No. 99418. gives name as Orival M. Laisure. dated Feb 12, 1963. name of compnay is Economy Vacuum Stes. viewed by V. S.

Farmers Ins. Exchange gives name as Orival M. Laisure dated Sept8, 1966. Policy No. 73=3639 27 92.viewed by V. S.

168-225-006-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDA[redacted] V. S. No. 11-C—25m-8-8-17

BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH

71667

Registration District No. 121

File No. .....

Primary Registration District No. 2194

Registered No. 199

FULL NAME OF CHILD Margaret Agnes Johnston

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	V	2nd	Yes	July 25 1919

FATHER		MOTHER	
FULL NAME	Cornelius Johnston	FULL MAIDEN NAME	Gladys Evans
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 29. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

Blackfoot Ida M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 31 N. Main St.

Filed Aug 16 19 19 Mrs Nalen E Patrick

Registrar

653-229-006-666

PLACE OF BIRTH

name added 9/13/79

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 71668

County of Bingham

City of Blackfoot

No. RD #3 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 208

Hospital

FULL NAME OF CHILD Verle Marie Felt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 29 1919

FATHER		MOTHER	
FULL NAME	John Henry Felt	FULL MAIDEN NAME	Minnie Mabel Wood
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Peck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Sept 7 19 Mrs Nalen E Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-31-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 6 9 16 AM '79

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

State of Idaho
County of Bingham } ss.

Certificate No. 71668
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Felt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 29, 1919 (Date of Event)

in Blackfoot, (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Verle Marie Felt

Subscribed and sworn to before me this 5th day of September, 1979

Notary Public, Joan M. McNeel

Residing at Blackfoot, Idaho

My commission expires Sept

(Seal)

Blair H. Archibald
Signature of Applicant

285 Rich St. Blackfoot Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptims from the LDSChurch gives name as Verle Marie Felt daughter of Henry Felt and Mable Wood. born Aug 29, 1919 at Wapello, Idaho. Baptized Aug 29, 1927.

SEP 13 1979

Application to the Beneficial Life Ins. Co. gives name as Verle Marie Felt bron Aug 27, 1919. dated Feb. 3, 1940. viewed by V. S.

249-203-044-249

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. Court + 12th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 71669

Primary Registration District No. 1010 Registered No. 10

FULL NAME OF CHILD Hazel Burbridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd Burbridge	FULL MAIDEN NAME	Hazel Smith
RESIDENCE	Wellesley Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Weiser Ida
OCCUPATION	Bank Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed Sept 1st 1919 W. R. Hamilton

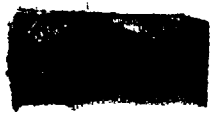
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C—25m-9-8-17

City of Nampa

719-105-014-381

No. St.

Registration District No.

File No. 71670

Primary Registration District No. 1306

Registered No.

Hospital

FULL NAME OF CHILD Leonard Vane Parkinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	x		x	yes	July 5 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy M. Parkinson	FULL MAIDEN NAME	Cora Thacker
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	Hueka Springs, Ark.
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2nd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

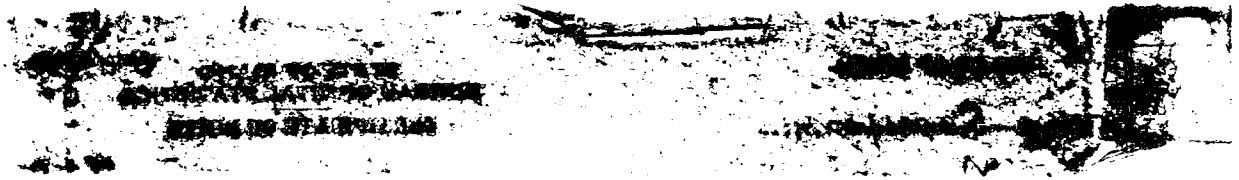
Physician

(Physician or midwife)

Address Nampa Idaho

Filed Sept. 3 19 19 [illegible]

Registrar



JUL 1 1949

296-114-014-814 City

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71671

County of Canyon

City of Nampa

No. ..... St.

Hospital Sist of Mercy

Registration District No. 7

File No. .....

Primary Registration District No. 1006

Registered No. .....

Full Name of Child Neil Brown

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Boy	x		x	yes	Aug 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Brown	FULL MAIDEN NAME	Eva Hamilton
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Ill
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M D (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Sept 10 1919 Pearl Dolls

Registrar

Registrar

N. B. ... WRITE PLAINLY WITH U... THIS IS A PERMANENT RECORD ... must be made for each and the number ... d.

APR 28 1952

845 209 014-663

PLACE OF BIRTH

City

County of Canyon

City of Nampa

No. 2 St.

Hospital 1

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 1006

File No. 71672

Registered No.

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Girl	X		X	yes	May 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed A Huntley	FULL MAIDEN NAME	Flossie Wolf
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 oss P. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Nampa Idaho

Registrar

Filed Sept 10 1919 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFALLING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

249-102-014-513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. 71673

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD Marion N. Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 2 1919

FATHER		MOTHER	
FULL NAME	Burns Newland.	FULL MAIDEN NAME	Florence S. Earker
RESIDENCE	Nampa.	RESIDENCE	Nampa Idaho
COLOR	White. AGE AT LAST BIRTHDAY 23. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24. (Years)
BIRTHPLACE	Boise Ida.	BIRTHPLACE	North Dakota
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30/P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M.D. By A.R.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Sept 1 1919 Earle [illegible] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

491-21 3-014-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71674

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. ____ St.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD Helen Maxine Dragoo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 13. 1919

FATHER		MOTHER	
FULL NAME	R. L. Dragoo	FULL MAIDEN NAME	Bess Sutton
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith. By A. P.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed July 19 19 [illegible]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

Own Child's Birth Cert. on file: (Idaho Birth) #272974 gives full maiden name of mother as Helen Maxine Dragoo, age 20, born in Nampa, Idaho = viewed by V.S. Metropolitan Life Insurance Co.Policy, dated Dec. 27, 1920, no. of policy 31597921 gives full name of insured as Helen Maxine Dragoo - age at time policywas applied for 2 years old - viewed by V.S.

STATE OF WASHINGTON)
) SS
COUNTY OF PIERCE)

Bess Moffett, being first duly sworn on oath, deposes and says as follows:

That she is the mother of Helen Maxine Dragoo, who was born on July 13, 1919 in Nampa, Idaho, and whose attending physician was Dr. Frank Smith.

That she makes this affidavit because the birth certificate on file in Boise, Idaho, identifies the said Helen Maxine Dragoo only as "baby Dragoo", a female, and it is the desire of the affiant and Helen Maxine Dragoo that the said birth certificate be changed and amended to be in the true name of said "baby Dragoo" or Helen Maxine Dragoo.

Further your affiant sayeth naught.

Bess Moffett

Bess Moffett

Subscribed and sworn to before me this 1st day of August, 1962.

Notary Public in and for the State of Washington, residing at Tacoma.

AUG 23 1962

313701-014-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71675

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 1006

File No. .....

Registered No. .....

FULL NAME OF CHILD Leland L. Talkington

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	+		+	yes	Sept. 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. L. Talkington	FULL MAIDEN NAME	Pearl Harmison
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Lander - Wyoming
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Nampa, Idaho

Filed Sept 10 1919 Pearle Dodds Registrar

AUG 11 1955

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 71676

No. ..... St. — Primary Registration District No. 1006 — Registered No. .....

Hospital Nampa General

FULL NAME OF CHILD Betty Ruth Whisnand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	t	x	Yes	Sept. 4 1919

FATHER		MOTHER	
FULL NAME	W. C. Whisnand	FULL MAIDEN NAME	Ruth Trisbie
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Brighton Iowa
OCCUPATION	Automobile salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kellogg M.D.

(Physician or midwife)

Address Nampa, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 8 1919 Pearle Dodds Registrar

PLACE OF BIRTH

367-1 10-014-46.6

PLACE OF BIRTH

Form V. S. No. 11—2m-9-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71677

County of Canyon

City of Nampa

No. _____ St.

Registration District No. 2004 File No. _____

Primary Registration District No. 7 Registered No. _____

Hospital _____

Full Name of Child Howard Vernon Copenhaver

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—		Yes	Aug 10 1918

FATHER		MOTHER	
FULL NAME	Henry Edward Copenhaver	FULL MAIDEN NAME	Edna Moore
RESIDENCE	Nampa RD #4	RESIDENCE	Nampa R. D. #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address Nampa

_____ Registrar Filed Sept 10 19 18 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN F 1942

DEC 2 9 1941

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

I hereby certify that the child of

Henry Edward Copenhaver
(NAME OF FATHER)

and Edna Moore
(MAIDEN NAME OF MOTHER)

born on Aug 10, 1914

has been named Howard Vernon

H. E. Copenhaver
(SIGNATURE OF FATHER OR MOTHER)

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

693-128-014-315

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St. ____

Hospital ____

FULL NAME OF CHILD William Hilbrand Wilson

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71679

Registration District No. 7 File No. ____

Primary Registration District No. 2006 Registered No. ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 28 1919

FATHER	MOTHER
FULL NAME Franklin Wilson	FULL MAIDEN NAME Aline Lavalley
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Oregon.	BIRTHPLACE Washington
OCCUPATION Well Driller	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P.M. on the date above stated.

(Signature) F. B. Smith. M. D. By. G.R.

(Physician or midwife)

Address ____

Filed Sept. 1 1919 Pearle Tinkle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 6

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71680

County of Canyon

City of Nampa R.F.D.

No. — St.

Hospital Sist. of Mercy

Registration District No. 7

Primary Registration District No. 2006

File No.

Registered No.

Full Name of Child MABEL RICHARDS

SEX OF CHILD: Girl	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug (Month) 28 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Wm. F. Richards	FULL MAIDEN NAME: Bernice Lowes
RESIDENCE: Nampa Ida	RESIDENCE: Nampa Idaho
COLOR: White AGE AT LAST BIRTHDAY 38 (Years)	COLOR: White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE: Penna.	BIRTHPLACE: Michigan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Sept 10 1919 Pearl Dodds Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whatcom } ss.

Certificate No. 71680

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Aug. 28, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mabel Richards

Subscribed and sworn to before me this 27 day of August, 1942

Notary Public, residing at Everson

My commission expires Feb. 7, 1945
(Seal)

Signed Wm F Richards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2, Everson, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whatcom } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August, 1942

Notary Public, residing at Everson

My commission expires Feb. 7, 1942
(Seal)

Signed K D Kibely
(Signature of Any Credible Person Other Than Previous Year)

Everson, Wash.
(Street Address, City, State)

AUG 31 1942

SEP 2 1942

195-122-014-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71681

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7

File No. .....

Primary Registration District No. 2006

Registered No. .....

Hospital Nampa Gen. Hospital

FULL NAME OF CHILD Robert Wendell Arent

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	+		+	yes	Aug. 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Arent	FULL MAIDEN NAME	Sue Gilbert
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minden Neb.	BIRTHPLACE	Panora Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa, Idaho.

Filed Sept 10 1919 Pearle Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-

PLACE OF BIRTH

155-101-044-342

County of Washington

City of Weiser

No. 453 W. Court St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71682

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 11

FULL NAME OF CHILD Leroy Custer Jenkins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	#	2	Yes	8 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	J. Ross Jenkins	Renie Custer
RESIDENCE	Weiser, Idaho	Weiser, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	32 (Years)
BIRTHPLACE	Pensylvania	Idaho
OCCUPATION	Section Hand O.S.L.	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.50 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser, Idaho.

Filed Sept 1st 1919 M. R. Hamilton

Registrar

S-Y CO. 24658

APR 9 1948

847-122-044-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. 71683

Primary Registration District No. 2112

Registered No. 12

FULL NAME OF CHILD Virgil Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos Hughes	FULL MAIDEN NAME	Katie Larson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed Sept 1st 1919 W R Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1950

855·204·044-132

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71684

Registration District No. 86

Primary Registration District No. 2112

File No. .....

Registered No. .....

FULL NAME OF CHILD Sibyl Adeline Hensley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 4 1914

FATHER		MOTHER	
FULL NAME	Lon Hensley	FULL MAIDEN NAME	Alma Albertson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ark	BIRTHPLACE	
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Address Weiser Ida

Filed Sept 1st 1914 W. R. Hamilton Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 195

692-108'044-493

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. Butterfield St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86 File No. 71685

Primary Registration District No. 2112 Registered No. 14

FULL NAME OF CHILD Morris Ephriam Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Aug 8 1919

FATHER		MOTHER	
FULL NAME	G. E. Fisher	FULL MAIDEN NAME	Olive Miller
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Okla	BIRTHPLACE	Wis
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 19 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walesboro

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed Sept 1st 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-117-044-736

PLACE OF BIRTH

County of Washington

City of Weiser

No. Butterfield St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86

File No. 71686

Primary Registration District No. 1010

Registered No.

FULL NAME OF CHILD Clifford George Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. V. Smith	FULL MAIDEN NAME	Pauline Plocher
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Canada
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed Sept 1st 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-122-044-251

PLACE OF BIRTH

County of Washington

City of Weiser

No. 414-122-044-251 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

71687

Registration District No. 86 File No.

Primary Registration District No. 2112 Registered No. 16

FULL NAME OF CHILD Lyle Lonny Maddox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 22 1919

FATHER		MOTHER	
FULL NAME	Ora L. Maddox	FULL MAIDEN NAME	Treasure Seavey
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dak	BIRTHPLACE	Council Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Ida

Filed Sept 1st 1919 W. R. Hamilton

Registrar

K

1097

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8 [redacted]

Form V. S. No. 11-C [illegible]

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 603 E. Main St.

Hospital

Registration District No. 86

Primary Registration District No. 1010

File No. 71688

Registered No. 17

FULL NAME OF CHILD Anna Jean Hale

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	#	1	Yes	8	23	1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H. Hale	FULL MAIDEN NAME	Eulah Whitmire
RESIDENCE	Weiser, Idaho.	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Texas
OCCUPATION	Mail Carrier	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.15 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Weiser, Idaho.

Filed Sept 1st 1919 M R Hunsellman Registrar

S-Y CO. 24655

[redacted]

1097

NOV 1 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-124-044-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71689

County of Washington

City of Weiser

Registration District No. 56 File No.

No. St.

Primary Registration District No. 2112 Registered No. 18

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 24th 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dugall Evans.	Cordelia Leach
RESIDENCE	Weiser Ida. R.F.D No 2.	Weiser Ida R.F.D No 2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Utah.	Kansas.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. Hamilton M.D.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Sept. 1 19 19 Dr. O. Hamilton

Registrar

Form V. S. No. 11-C—Rev. 6-5-57

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

OCT 30 1968

133-226-044-796

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 86 File No. 71690

Primary Registration District No. 2112 Registered No. 19

FULL NAME OF CHILD Sarah Paulina Atteberry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Hardin Atteberry	FULL MAIDEN NAME	Cuba Grace Gross
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed Sept 1st 1919 W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1947

962-128-044-793

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. Court St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

71691

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 20

FULL NAME OF CHILD Robert Evans Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jefferson D. Ross	FULL MAIDEN NAME	Edna Gillespie
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walephone

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Ida

Filed Sept 1st 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1947

1098

893-228-044-495

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71692

County of Washington

City of Weiser

No. 605 W. Main St.

Hospital

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 21

FULL NAME OF CHILD Pearl Marie Hickman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	#	1	Yes	8 (Month) 28 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M, Hickman	FULL MAIDEN NAME	Ocia Miner
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser, Idaho.

Filed Sept 1st 1919 W R Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1970

1099

785-29-0442-49

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71693

County of Washington

City of Weiser

No. 14 E. Galloway St.

Hospital

Registration District No. 76

Primary Registration District No. 1010

File No.

Registered No. 99

FULL NAME OF CHILD Doris Faye Phelps

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	1	Yes	8 29 1917

FATHER	MOTHER
FULL NAME: Ivan M. Phelps	FULL MAIDEN NAME: Beatrice Burdick
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 4 1917

W R Hamilton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1969

DEC 31 1948

236-129-044-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71694

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. .....

Registered No. 23

FULL NAME OF CHILD ROBERT LEE STOUT

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug 29th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Stout	FULL MAIDEN NAME	Vera Steinweiden
RESIDENCE	Weiser Ida R F D No 2	RESIDENCE	Weiser Ida R F D No 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 1st 1919 W. R. Hamilton

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 71694

Date Filed Sept

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 29, 1919 (DATE OF EVENT)
in Weiser (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Robert Lee Stout

Subscribed and sworn to before me this 7th day of March, 1942

Notary Public, residing at Weiser Idaho

My commission expires Dec-10-1944

(SEAL)

Signed Oscar Stout

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D. 2 Weiser Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1942

Notary Public, residing at Weiser Idaho

My commission expires Dec-10-1944

(SEAL)

Signed Vera Stout

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R.F.D. 2 Weiser Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 9 1942

815-130-044-884

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71695

County of Washington

City of Weiser

No. E Washington St.

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 24

Hospital

FULL NAME OF CHILD Don Merlin Yancey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 30 1919

FATHER		MOTHER	
FULL NAME	Wm E. Yancey	FULL MAIDEN NAME	Marie Hyde
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Miss	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Ida

Filed Sept 1st 1919 W R Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-227104X-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. 71696

Primary Registration District No. 2112

Registered No. 85

FULL NAME OF CHILD Eileen Marian Talboy

Sex of Child Female

Twin Triplet or other? Twin and Number in order of birth one
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 8/27 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter E. Talboy	FULL MAIDEN NAME	Ruby E. Micheal
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Palmaria Iowa	BIRTHPLACE	Benton Indiana
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest B. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed Sept 1st 1919

W. F. Hamilton
M. D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 5 1973

313-227-044-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71697

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 26

Hospital .....

FULL NAME OF CHILD Elaine Lillian Talboy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	Two	yes	8 27 1919

FATHER

FULL NAME Walter C. Talboy

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruby C. Michael

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Benton Indiana

OCCUPATION H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest D. Finney

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1st 1919 W. P. Hamilton Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-231-04X-235

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71698

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 87

Hospital .....

FULL NAME OF CHILD Lois Alice Batzel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)			Yes	7 31 1917

FATHER	MOTHER
FULL NAME: Walter George Batzel	FULL MAIDEN NAME: Inez Ruth Kleinpeter
RESIDENCE: Weiser Idaho.	RESIDENCE: Weiser Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Hemnell Wis.	BIRTHPLACE: Lincoln Nebr.
OCCUPATION: Farmer	OCCUPATION: H W.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at N. M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ernest O. Timmons

Physician

(Physician or midwife)

Address Weiser Idaho

Filed Sept. 1st 1917 W. P. Hamilton Registrar

M. D.

[redacted]

JAN 16 1963

165·116·044-285

PLACE OF BIRTH

25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71699

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. .....

Registered No. 28

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	8, 16, 1919

FATHER		MOTHER	
FULL NAME	Lawrence H. Jones	FULL MAIDEN NAME	Lillian Ella Sherman
RESIDENCE	Weiser, Idaho.	RESIDENCE	Weiser Idaho
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Weiser Idaho.	BIRTHPLACE	Amorilla Texas
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1st 1919 W. R. Hamilton Registrar

M. D.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-101-044-845

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71700

County of Washington

City of Weiser

Registration District No. 86

File No.

No. St.

Primary Registration District No. 2112

Registered No. 29

Hospital

FULL NAME OF CHILD Norma B. Hopper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	9 1 1919

FATHER		MOTHER	
FULL NAME	Ira M. Hopper	FULL MAIDEN NAME	Elizabeth Queen
RESIDENCE	Eatons Idaho	RESIDENCE	Eatons Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Midvale Idaho.	BIRTHPLACE	Sylva N. Carolina
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7:25 p. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Kinney

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1st 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1943

044-49

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. F. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 71701

No. ..... St.

Primary Registration District No. 2012

Registered No. 30

Hospital .....

FULL NAME OF CHILD George Vincent Addington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	7/22 1919

FATHER		MOTHER	
FULL NAME	George Elsworth Addington	FULL MAIDEN NAME	Anna Marie Hitter
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Carbondale Kansas	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:08 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Registrar

Filed Sept 1st 1919 W. R. Hamilton

Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1960
OCT 27 1972

791-130-044-759

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86 File No. 71702

Primary Registration District No. 2112 Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	6/30 1919

FATHER		MOTHER	
FULL NAME	John L. Gray	FULL MAIDEN NAME	Virgie Perkin
RESIDENCE	Olds Ferry Ida	RESIDENCE	Olds Ferry Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Oregon Co. Mo.	BIRTHPLACE	Oregon Co. Mo.
OCCUPATION	Pumper R.R.	OCCUPATION	H.W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.06 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Weiser Idaho

Filed Sept 1st 1919 W. R. Hamilton M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1967

4/13.221-048-312

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 71703

Registration District No. 81 File No. .....

Primary Registration District No. 2112 Registered No. 92

FULL NAME OF CHILD Tomi Matsuda

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	yes	6 21 19

FATHER	MOTHER
FULL NAME Katsusaburo Matsuda	FULL MAIDEN NAME Kiyo Takatsuka
RESIDENCE Weiser Ida	RESIDENCE Weiser Ida
COLOR Yellow	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Okayama-ken Japan	COLOR Yellow
OCCUPATION Railroad Foreman	AGE AT LAST BIRTHDAY 38 (Years)
	BIRTHPLACE Okayama-ken Japan
	OCCUPATION Hse.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ernest O. Tenney

Physician

(Physician or midwife)

Address Weiser Idaho.

Filed Sept 1st 1919 W. B. Hamilton Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-125-044477

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71704

County of Washington

City of Weiser

Registration District No. 86

File No.

No. St.

Primary Registration District No. 1010

Registered No. 93

Hospital

FULL NAME OF CHILD Thomas Charles Bostic

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	4/25 1919

FATHER		MOTHER	
FULL NAME	Thomas Cadal Bostic	FULL MAIDEN NAME	Addie Viola Applegate
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Manass Va.	BIRTHPLACE	Scotch Grove, Iowa.
OCCUPATION	Pharmacist	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:48 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest G. Finney

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1st 1919 W. P. Hamilton Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4
NOV 17 1942
NOV 30 1942

296-126-044-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 1010

File No. 71705

Registered No. 34

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	5/26/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin W. Brown	FULL MAIDEN NAME	Vinnie Black
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Clinton Ill.	BIRTHPLACE	Grant Co. Oregon
OCCUPATION	Barber	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Registrar

Filed Sept 1st 1919 W. R. Hamilton Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-214-944-296
Amended 4/21/72

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. 71706

Primary Registration District No. 2112

Registered No. 35

FULL NAME OF CHILD Iva Jane Holl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	5/14 1919

FATHER		MOTHER	
FULL NAME	David H. Holl	FULL MAIDEN NAME	Jane Broadwater
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Thomasborough Ill.	BIRTHPLACE	Garrett Co. Maryland
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest B. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

K ..... 19....

Address Weiser Idaho

Filed Sept 1st 1919 W. R. Hamilton M. D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-29-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL
APR 0 8 26 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 71706

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Iva Jane Hall (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1919 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Iva Jane Hall	Holl
Father's name	David H. Hall	David H. Holl

Subscribed and sworn to before me this 25 day of March, 1972

Lillian Damgaard
Notary Public, residing at Lakewood, Colorado
My commission expires 2/2/75
(Seal)

Signed Mervin H. Hoover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1280 So. Raleigh Denver, Colo 80219
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colo. } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of April, 1972

Janis Lemer
Notary Public, residing at Lakewood, Colo.
My commission expires
(Seal)

My Commission expires April 30, 1973

Signed Patricia Jane Rolfs
(Signature of Any Credible Person)

Rt. 2 Geneseo, Kansas 67444
(Street Address, City, State)

Cradle Roll Certificate gives name as Iva Jane Holl born on May 14, 1919. Parents' names as Mr. & Mrs. D. H. Holl. Dated July 29, 1919. Viewed by V. S.

APR 21 1972

Photograph of father's gravestone David Henry Holl 1873-1941. Viewed by VS

Certificate of Marriage from Oregon gives groom's name as Mervin Harley Hoover and the brode's name as Iva Jane Holl. Dated March 10, 1940. Viewed by V. S.

884-207.044-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 71708

No. ..... St.

Primary Registration District No. 212

Registered No. 37

Hospital .....

FULL NAME OF CHILD Iris Lucille Hyde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	5 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph F. Hyde	FULL MAIDEN NAME	Minnie Agnes Campbell
RESIDENCE	Eatons Idaho	RESIDENCE	Eatons Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Registrar

Filed Sept. 1st 1919 W. R. Hamilton Registrar

M.D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 3 1944

753-230-044-336

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

71709

Registration District No. 8 L

Primary Registration District No. 1010

File No. .....

Registered No. 82

FULL NAME OF CHILD ...Ild. Loretta Peterson.....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	4/30 1919

FATHER		MOTHER	
FULL NAME	Albert Peterson	FULL MAIDEN NAME	Gladys Lloyd
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mt. Pleasant Utah	BIRTHPLACE	Oberlin Kansas
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth ....1.... Number of children of this mother now living, including present birth ...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Ernest A. Finney

Physician
(Physician or midwife)

Address Weiser Idaho

Filed Sept 1st 1919 W. P. Hamilton
Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1965

141-104-044-16.5

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71710

County of Washington

City of Weiser

Registration District No. 86

File No.

No. St.

Primary Registration District No. 8152

Registered No. 39

Hospital

FULL NAME OF CHILD Raymond Lowell Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	5/4/19. 1919

FATHER		MOTHER	
FULL NAME	Dudley Vera Adams	FULL MAIDEN NAME	Thelma Jones
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Weiser, Idaho.	BIRTHPLACE	Weiser, Idaho.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

19

Filed Sept 1st 1919 W. R. Hamilton

Registrar Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 71710

Date Filed FEB 25 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for Lowell Adams (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1919. (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lowell Adams	Lowell Raymond Adams

Subscribed and sworn to before me this 24th day of February 1942

A R Benson

Notary Public, residing at Weiser Idaho

My commission expires Dec-10-1944.
(Seal)

Signed Ida H. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weiser Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1942

A R Benson

Notary Public, residing at Weiser Idaho

My commission expires Dec 10-1944
(Seal)

Signed Vere Adams.
(Signature of Any Credible Person Other Than Previous Year)

R-FD #2 Weiser Idaho
(Street Address, City, State)

MAR 6 1942

785-226-044-437

PLACE OF BIRTH

County of Washington

City of Weiser Ida

No. ..... St.

Hospital ..... BESSIE INEZ

FULL NAME OF CHILD [illegible] Chestnut

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 54

File No. 71711

Primary Registration District No. 8118

Registered No. 42

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f	—	—	yes	2 26 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stephen Martin Chestnut	Margaret F. McGee
RESIDENCE	Weiser Idaho	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Laurel Co. Ky.	Laurel Co. Ky.
OCCUPATION	Teacher	Hse.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Address Weiser Ida

Filed Sept. 1st 1919 W. R. Hamilton Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-222 1044-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71712

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. .....

Registered No. 41

FULL NAME OF CHILD Retha Ineta Adams

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 8 (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl Adams	FULL MAIDEN NAME	Maude Walker
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Sedan Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest C. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Weiser Idaho

Filed Sept 1st 1919

W. R. Hamilton
Registrar

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

[redacted] 251-222-034-766

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71713

County of Minnesota

City of Rupert

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2015

Registered No. 156

Hospital

FULL NAME OF CHILD Esther Thelma Bean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fl		Yes	Aug. 22 1919

FATHER		MOTHER	
FULL NAME	Charles Leo Bean	FULL MAIDEN NAME	Eula Goodman
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Tenn
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Sept. 2 1919 Ett Elmore
Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1944

3149-229-034-389

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 71714

Primary Registration District No. 2015 Registered No. 157

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Washington Curtis	FULL MAIDEN NAME	Minnie Christensen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwy

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Sept 2 1919 Ett Elmore
Registrar

Registrar

... WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1966

253-230-034-168

PLACE OF BIRTH

AMENDED OCTOBER 13, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 19 File No. 71715

Hospital ____ Primary Registration District No. 2015 Registered No. 158

FULL NAME OF CHILD Bertha Kelly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	August 30, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Walter James Kelly	FULL MAIDEN NAME: Mary Arvilla Johnston
RESIDENCE: Rupert	RESIDENCE: Rupert
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19..

..... Registrar.

(Signature) E. H. Elmore
M. D.
(Physician or midwife)

Address Rupert

Filed Sept. 4, 1919 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

OCT 12 1953

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Nevada } ss.

DIVISION OF VITAL STATISTICS

Certificate No. 71715
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Bertha Kelly (Name on Original Certificate) who was born (Was Born or Died) on August 30, 1919 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 8, 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Kelly	Bertha Kelly
Birth Date	August 3, 1919	August 30, 1919

Subscribed and sworn to before me this 8th day of October, 1953

Joseph W. Day
Notary Public, residing at Nevada City, Calif.
My commission expires August 16, 1954
(Seal)

Signed Mary A. Kelly Beedle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Star B. Box 214 Grass Valley, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Nevada } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 1953

Joseph W. Day
Notary Public, residing at Nevada City, Calif.
My commission expires August 16, 1954
(Seal)

Signed Mrs. Cecile M. Green
(Signature of Any Credible Person)
2625-E 110th St. Lynwood, Calif.
(Street Address, City, State)

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71715

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 158

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	August 30, 1919

FATHER		MOTHER	
FULL NAME	Walter James Kelley	FULL MAIDEN NAME	Mary Arvella Johnston
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Elmore

M D
(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 4 1919

E M Elmore
Registrar

PRINTING IN INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1953

168-027-034-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 71716

Registered No. 159

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? no	Date of Birth Aug 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Delia Johnson
RESIDENCE		RESIDENCE	Rupert
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE		BIRTHPLACE	Oklahoma
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Sept 3 1919 E H Elmore
Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...NDING
...ADING INK- THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-205-0[redacted]

PLACE OF BIR[redacted]

Form V. S. No. 15-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71717

County of Cassia

City of Declo

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2013 Registered No. 160

Hospital

FULL NAME OF CHILD Mary Lucile Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joel Hendricks	FULL MAIDEN NAME	Jim Morris
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Miss
OCCUPATION	Meat Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert

Registrar

Filed Aug 15 1919 [signature] Registrar

MAR 20 1969

842-223-034-115 (Be sure the information is complete and accurate)

State File No. 71718
Local Reg. No.
Reg. Dist. No. 19

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 8/18/76

1. PLACE OF BIRTH
a. COUNTY: Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Minidoka
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Esther b. (Middle): Elizabeth c. (Last): Hubsmith

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): July 23, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Gittleb b. (Middle): c. (Last): Hubsmith

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): c. (Last): Janssi

13. AGE (At time of this birth): 37 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Switzerland
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. P. Groom
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Rupert, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Sept 3, 1919
22. REGISTRAR'S SIGNATURE: E.H. Elmore
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
time: 8 AM
RACE OF COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
AUG 11 8 35 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71718

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Mary Elizabeth Hubschmied (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1919 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Mary Elizabeth Hubschmied	Esther Elizabeth Hubsmith
father's last name	Hubschmied	Hubsmith

Subscribed and sworn to before me this 26th day of July, 19 76

Notary Public, residing at Rupert, Idaho

My commission expires 7-1-79

(Seal)

Signed Maxine Hubsmith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

CL 5/8/74 nm

Certif of Baptism and Confirmatin from the LDS Church gives name as Esther Elizabeth Hubsmith daughter of Gottlebe Hubsmith and Marie Janssi. born July 23, 1919 at Rupert,Idaho. Baptized July 24, 1927. viewed by V. S.

Certificate of Blessing from the LDS Church gives name as Esther Elizabeth Hu

Diploma from Albion State Normal School, Albion, Idaho gives nameas Esther Elizabeth Hubsmith. dated Jun 16, 1939. viewed by V. S.

Certif of Baptism and confirmatinn from the LDS Church gives name as Sheila Miles daughter of Joseph Melvin Miles and Esther Elizabeth Hubsmith. born Sept 13, 1946. Baptized Dce 4, 1954. viewed by V. S.

Blessing gives name as Esther Elizabeth Hubsmith.

842-223-034-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71718

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2013

Registered No. 161

FULL NAME OF CHILD Mary Elizabeth Hubschmid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	July 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gottlieb Hubschmid	FULL MAIDEN NAME	Mary Jaussi
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Rancher

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Roony

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Sept. 3 1919 E. H. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 19 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-222-034-845

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 71719

Primary Registration District No. 2015 Registered No. 162

FULL NAME OF CHILD Louise De Priest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas G. DePriest	FULL MAIDEN NAME	Viola Owen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New Mex	BIRTHPLACE	Aroz
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 3 1919 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-120-234-413

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71720

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 163

FULL NAME OF CHILD Harry Henry Pledger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry W Pledger	FULL MAIDEN NAME	Mary Mathers
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Burgler (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept. 3 19 [signature]

Registrar

342-205-034-693

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 71721

Primary Registration District No. 2013 Registered No. 164

FULL NAME OF CHILD Hettie Amelia Lukins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd Lukins	FULL MAIDEN NAME	Elva Wilson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Sept 3 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-110-034-219

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71722

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 165

FULL NAME OF CHILD Vernon Lawrence Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	July 13 1917

FATHER		MOTHER	
FULL NAME	Vernon A Stone	FULL MAIDEN NAME	Ellie Bailey
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 13 1917

Registrar

693-211-234-2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mindoka

City of Rupert

Registration District No. 19

File No. 71723

No. ..... St.

Primary Registration District No. 2015

Registered No. 166

Hospital .....

FULL NAME OF CHILD Florence Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Wilson	FULL MAIDEN NAME	Pearl Bonewitz
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Registrar

Filed Sept 3 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP OF 1919 D75-163

214-102-034-454

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71724

County of Minidoka

City of Heyburn

Registration District No. 19

File No.

No. RFD I St.

Primary Registration District No. 2015

Registered No. 167

Hospital

FULL NAME OF CHILD Arthur Eugene Sautter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	May 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Eugene Sautter	FULL MAIDEN NAME	Gladys Deming
RESIDENCE	(Deceased)	RESIDENCE	Heyburn Ida RFD I
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Foreman Sugar Factory	OCCUPATION	Hsewfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Burley

19

Filed Sept 10 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4/21/41 L. B.

289-205-034-818

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71725

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2013

File No. .....

Registered No. 168

FULL NAME OF CHILD Tome Shibo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 5th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	U. Shibo	FULL MAIDEN NAME	Kiku Hayakama
RESIDENCE	Paul, Idaho	RESIDENCE	Paul, Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 67 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley, Ida.

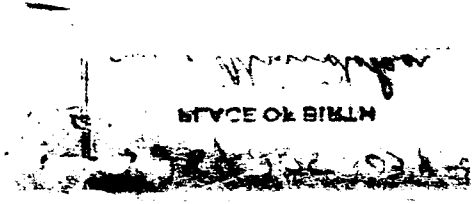
Filed Sept. 5 1919 E. H. Elmore
Registrar

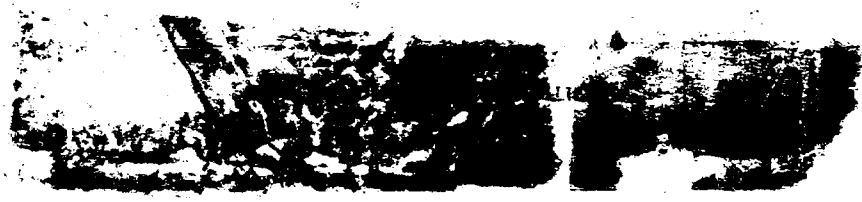
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy 11/22/40 L.B.





IN THE DISTRICT COURT OF DAVIS COUNTY

STATE OF UTAH

In the Matter of: :

TOME UJIIYE, aka : ORDER AND DECREE

TOBY TOME UJIIYE : #11715

This matter comes before the court on this 14th day of Dec., 1965, and the court having heretofore ordered the waiver of notice for hearing, and the court having heard the testimony of the petitioner and good cause appearing, therefore, it is hereby ordered, ajudged and decreed that the petitioner's name be and is hereby changed from TOME UJIIYE to TOBY TOME UJIIYE.

DATED this 14th day of December, 1965.

Thornley K. Swan
JUDGE

STATE OF UTAH }
County of Davis } ss

I, JOHN M. PARK, County Clerk and Ex-officio Clerk of the District Court of the Second Judicial District of the State of Utah, in and for the County of Davis, Court of record, do hereby certify that the foregoing copy of Order & Decree has been by me compared with the original thereof now of record in this office and that the same is a full, true and correct transcript therefrom and of the whole of said original as the same appears of record in my office and in my custody.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 14th day of December A.D., 1965

File No. 11715

JOHN M. PARK
Clerk

By Barbara W. Crane
Deputy Clerk

Original Filed Dec. 14, 1965

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M.D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFA
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

Nov. 13, 1940

Ume Shiba
Rt. 1,
Layton, Utah.

Dear Miss Shiba:

We are in receipt of your money order for $2.50 for 5 certified copies of birth records of your sisters and brothers.

In checking these records, there seems to be a discrepancy in the number of children of this mother at the time each child was born, they are not consistent in number.

Kindly advise on the bottom of this letter the name of each child for whom you wish record, listing the number in order of birth, for instance, Was Ume the first child and Shigeko the second etc? We must have this correct statement before we can issue you copies. Dr. Patterson had both Yosha and Tome listed as the 6th child, which we know is incorrect.

Awaiting your response, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

Mae G. Atwood, P.

Mae G. Atwood, Director

NOV 18

PBA

MAY 31 1966

I would like a copy of a birthcertificate - for each of the following children:

female Shigeko - 2nd
female Ume 3rd
female Tome 4th
male Kay 5th
male Yoshio 6th.

order is born in the U.S.A. but mother had 3 others born in Japan and 1 in U.S.A who has deceased, so

Brother in Japan 1st
Sister " 2nd
Sister deceased 3rd
U.S.A → Sister - deceased 4th

Shigeko - 5th child
Ume - 6th "
Tome - 7th "
Kay - 8th "
Yoshio - 9th "

369-224-034-915

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 71726

Primary Registration District No. 2015 Registered No. 169

FULL NAME OF CHILD Corless

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. E. Corless	FULL MAIDEN NAME	Ella Randall
RESIDENCE	Rupert, Ida.	RESIDENCE	Rupert, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burless Ida.

Filed Sept. 5 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-220-234-455

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form ... S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71727

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 170

FULL NAME OF CHILD Hazel Maxine Moncur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Moncur	FULL MAIDEN NAME	Delia Denning
RESIDENCE	Paul, Ida.	RESIDENCE	Paul, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3.50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Sept 5 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/1/51 Z.J.

AFFIDAVIT OF BIRTHS

STATE OF IDAHO)
) ss
COUNTY OF GEM.)

DELIA DENNING MONCUR, BEING FIRST DULY SWORN, DEPOSES AND SAYS, THAT SHE AND HER HUSBAND, WALLACE MONCUR, WERE MARRIED AT RUPERT, IDAHO, JANUARY 24, 1916, AND HAVE BEEN, AND NOW ARE, HUSBAND AND WIFE; THAT WANDA PAULINE MONCUR IS A DAUGHTER, THE ISSUE OF SAID MARRIAGE, BORN AT HEYBURN, IDAHO, APRIL 17, 1918. THAT HAZEL MAXINE MONCUR IS A DAUGHTER, THE ISSUE OF SAID MARRIAGE, BORN AT PAUL, IDAHO, JULY 20, 1919. THAT THE SAID WANDA PAULINE MONCUR IS MARRIED TO ORAN CHENEY AND RESIDES IN EMMETT, IDAHO.

Delia Denning Moncur

SUBSCRIBED AND SWORN TO BEFORE ME THIS 28TH DAY OF APRIL 1941.

Elsa Salskov NOTARY PUBLIC
RESIDING AT EMMETT, GEM CO., IDAHO
MY COMMISSION EXPIRES MARCH 14, 1945

265·204·034-819

PLACE OF BIRTH

Form V. S. No. 11-G—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 71728

No. ..... St.

Primary Registration District No. 2015

Registered No. 172

Hospital .....

FULL NAME OF CHILD Thelma Ruth Bond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Sept 4 1919

FATHER		MOTHER	
FULL NAME	Herbert Bond	FULL MAIDEN NAME	Clara Harmon
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	R.R. Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Groom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Sept 8 1919 E. H. Elmore
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RGIN RESERVED FOR BINDING

814-129-034-119

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

71729

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 171

FULL NAME OF CHILD Lyman B Hammon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank L. Hammon	FULL MAIDEN NAME	Dorothea Jordine
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Registrar

Filed Sept 8 1919 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1943

695-203-81-362

Amended 8/27/69

PLACE OF BIRTH

County of Boundary

City of Medrthur

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2Rm-9-8-17

CERTIFICATE OF BIRTH

71730

Registration District No. 79

File No. .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD ..... IONE FINNEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Aug 3 1919

FATHER		MOTHER	
FULL NAME	Jesse E. Finney	FULL MAIDEN NAME	Agnes Bossaint
RESIDENCE	McArthur, Ida.	RESIDENCE	McArthur, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/3/1919. E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

JUN 16 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

AUG 18 1969

State of WASHINGTON } ss.
County of SPOKANE

Certificate No. 71730

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Finney (Name on Original Certificate) who was born (Was Born or Died) on August 3, 1919 (Date of Event)
in McArthur, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Finney	Ione X. Finney

Subscribed and sworn to before me this 13th day of August, 1969

John Jacobs
Notary Public, residing at Spokane
My commission expires SEPT-7-1971
(Seal)

Signed Geness R Finney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1615 S Pines R Spokane Wash 99206
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of August, 1969

John Jacobs
Notary Public, residing at Spokane
My commission expires Sept 7-1971
(Seal)

Signed Eta E. Linden
(Signature of Any Credible Person)

306 S. Mc Donald Spokane Wn 99216
(Street Address, City, State)

FORM DH 60-155 (CL) 7-10-69

Census report of 1925 inthe Kootenai County gives name as Ione Finney. Her age was listed as 6 years. Census taken X Oct. 12, 1925. Viewed by V. S.

AUG 27 1969

Joint Affidavit #107723 gives name as Ione Finney. dated Nov. 20, 1937. Viewed by V. S.

294210·071-295

[redacted] Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7/731

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital Bonners Ferry

FULL NAME OF CHILD Beverly Margaret Kidder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Aug. 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orsa A. Kidder	FULL MAIDEN NAME	Marvel Skinner
RESIDENCE	Troy, Mont.	RESIDENCE	Troy, Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	~~Hot~~, Ind.	BIRTHPLACE	Neb.
OCCUPATION	Steam Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

Filed 8/11/1919 E. E. Fry

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1964

AUG 1957

965-17-011-634

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71732

PLACE OF BIRTH

County of Boundary

City of Copeland

No. ..... St.

Hospital .....

Registration District No. 79

Primary Registration District No. 215-6

File No. .....

Registered No. .....

FULL NAME OF CHILD Guest Baptiste Roesch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Aug. 17 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Roesch	Mary Alden
RESIDENCE	Copeland, Ida.	Copeland, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	33
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 17 19 19 [signature] Registrar

312-128011-954

[redacted]

C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71733

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Arthur Harold Castle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Squair Castle	FULL MAIDEN NAME	Capitola Redfern
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

Filed 8/28 1919 E. E. Fry

Registrar Registrar

[redacted]

DEC 26 1941

295-102

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form ... No. 11-C

71735

County of Canyon

City of

No. St.

Hospital

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Albert Breshears, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Aug 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert W Breshears	FULL MAIDEN NAME	Anna Ferrell
RESIDENCE	Middleton R F D	RESIDENCE	Middleton R F D
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Star, Idaho

Filed Aug 3 1919. O W Hall

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 17 [illegible]
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Albert Breshears Jr. (Name on original certificate) who was born (Was born or died) on Aug 2 1919 (Date of event)
in Star, Idaho (Place of event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Aug 2 - 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
None	I Anna Hawes swear that I am the mother of Albert Breshears, Jr above named.	

Subscribed and sworn to before me this 12
day of July, 1941

Signed Anna Hawes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Condon Oreg
My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires July 8, 1944.
(Street Address, City, State)
[SEAL]

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Signed
(Signature of any credible person other than the previous affiant)

Notary Public, residing at
My commission expires
(Street Address, City, State)
[SEAL]

Received for filing on by
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Star

No. 249-101-001-312 St.

Hospital

CERTIFICATE OF BIRTH

71736

Registration District No. 9

File No.

Primary Registration District No. 2081

Registered No.

FULL NAME OF CHILD Jessie Ivan Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes.	Aug 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil Burns	FULL MAIDEN NAME	Basil Faber
RESIDENCE	Star, Ida	RESIDENCE	Star, Ida
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Farming.	OCCUPATION	H Wife

Number of child of this mother, including present birth 3.

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

19

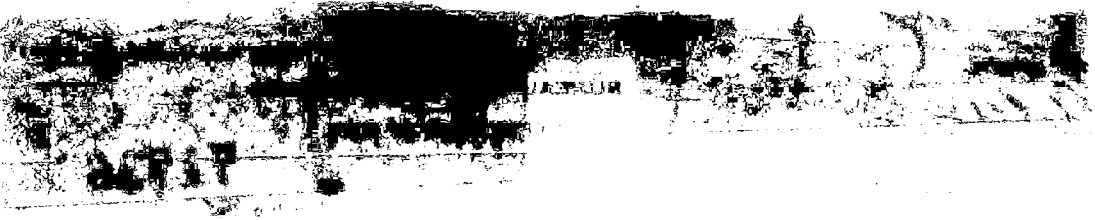
Address Star Idaho

Filed Aug 3 1919 O W Hall MD

Registrar

Registrar

S-Y CO. 20174



759204.00-4 [redacted]

Form V. S. No. 11-C—Mm-2-15-12

PLACE OF BIRTH

[redacted]DAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF B[illegible]TH

County of Adel

City of Star

No. ..... St.

Hospital .....

Registration District No. 9

File No. [redacted]

Primary Registration District No. 2001

Registered No. .....

FULL NAME OF CHILD Fern. Marie Percell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	July 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J W Percell	FULL MAIDEN NAME	Mary Eva McDonald
RESIDENCE	Star	RESIDENCE	near Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed July 5 1919 O W Hall MD

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

dup of 1919-298379

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 469-120-001-786

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. R-0—[illegible]

CERTIFICATE OF BIRTH

71738

County of Ada

City of Star

Registration District No. 9

File No.

No. ..... St.

Primary Registration District No. 2001.

Registered No.

Hospital

FULL NAME OF CHILD Robert Lawrence Morcom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tom R. Morcom	FULL MAIDEN NAME	Elizabeth Thompson
RESIDENCE	Star, Idaho	RESIDENCE	Star, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Eureka, Nevada	BIRTHPLACE	Arapaho, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 00 Noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address July 19-19 Caldwell, Idaho

Filed July 19 19 O W Hall M.D.

Registrar

Registrar

JAN 24 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Eagle R 7 N

317-219-001-386
No. St.

Registration [redacted]009 File No. 71739

Primary Registration District No. 9 Registered No.

Hospital

FULL NAME OF CHILD Yvonne Adella Caperon

Sex of Child F M. | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Aug 19 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME James W. Caperon	FULL MAIDEN NAME Zella M. Thomas
RESIDENCE Eagle R 7 N	RESIDENCE Eagle R 7 N
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clarence MD

(Physician or midwife)

Address Star. Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 19 19 9 Clark Hall MD
Registrar

8-Y CO. 20174

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

239-123-001-299

County of Adie

City of Star

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 71741

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Strauchn	FULL MAIDEN NAME	Lucy Leonard Birch
RESIDENCE	Star. Ida	RESIDENCE	Star Ida
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Old Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

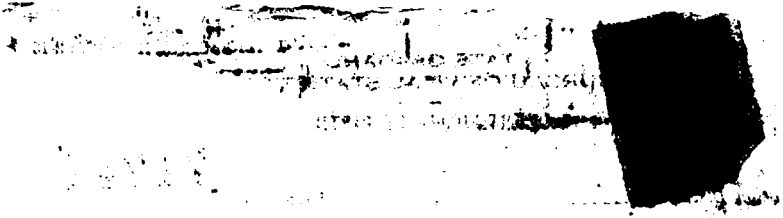
Address Star - Idaho

Filed Aug 24 19 Old Hall MD

Registrar

Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

415-109-025-212

County of _____

City of _____

No. _____ *St.*

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTI

CERTIFICATE OF BIRTH

11-C—25m-9-8-15

Registration District No. _____ File No. 71743

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Clifford Monroe Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 9 1919

FATHER

FULL NAME: Clay Davis

RESIDENCE: Lucile

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Emma Baker

RESIDENCE: Lucile

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9— A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Mrs Jessie Baker

Neither
(Physician or midwife)

Address Lucile Idaho

Filed Aug 19 19 W. A. Foskett
Registrar

S-Y-CO 38071

296-110-025-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71744

County of _____

City of _____ Registration District No. _____ File No. _____

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Richard Oscar Brodock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 10 1919

FATHER	MOTHER
FULL NAME: Sholto Douglas Brodock	FULL MAIDEN NAME: Mildred Thompson
RESIDENCE: White Bird	RESIDENCE: White Bird
COLOR: White	AGE AT LAST BIRTHDAY (Years): 29
COLOR: White	AGE AT LAST BIRTHDAY (Years): 21
BIRTHPLACE: New York	BIRTHPLACE: White Bird
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird

Given names added from a supplemental report.

..... 19.....

Filed Aug 19 19 W. A. Foskett

..... Registrar

S-Y-CO 36071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-131-025-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____ *Registration District No.* _____ File No. 71745

No. _____ *St.* *Primary Registration District No.* _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Wayne Delbert Deasy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 31 1919

FATHER	MOTHER
FULL NAME: John Archie Deasy	FULL MAIDEN NAME: Mary June Harris
RESIDENCE: White Bird	RESIDENCE: White Bird
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Lucile Ida.	BIRTHPLACE: Medford Oregon
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Haskett

Physician (Physician or midwife)

Address White Bird

Given names added from a supplemental report.

..... 19.....

Filed Aug 19 19 W. A. Haskett

..... Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 85-206-042-385

Form V. S. N[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Town Kimberly

Registration District No. 37 File No. 71746

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eva Cheney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	6	Yes	Aug 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Selar E Cheney	FULL MAIDEN NAME	Florence H. Cheney
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	light	COLOR	dark
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Huntington Utah	BIRTHPLACE	Order Vill Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Swenson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho R F D No 3

Filed Aug 6 1919 John F. Caughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 24 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 24 4 02 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 71746

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Cheney (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 6, 1919 (Date of Event) in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record & Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 14 Sept 1919 and 6 Aug 1940 Respectively (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child:s name	Unnamed	Eva Cheney

Subscribed and sworn to before me this 26 day of July 1974

E. R. Hathaway

Notary Public, residing at Rexburg, Ida.

My commission expires April 8, 1975

(Seal)

Signed Theron A Cheney Sr.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 82 RR1 Thornton, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of July 1974

E. R. Hathaway

Notary Public, residing at Rexburg, Ida

My commission expires April 8, 1975

(Seal)

Signed Frank M. Tyler

(Signature of Any Credible Person)

Rt 2 box 308, Idaho Falls Idaho

(Street Address, City, State)

FORM DH 60-156

CL 7/23/74

JUL 3 0 1974

Membership record from the LDS Church gives name as Eva Cheney Tyler born Aug 6, 1919 at Kimberly, Idaho. father's name given as Selar E. Cheney and mother's name as Florence H. Allen. Blessed Sept. 14, 1919 and Baptized Aug. 6, 1927. viewed by V. S.

Application to the Beneficial Life Ins. Co gives name as Eva Cheney Tyler born Aug. 6, 1919. dated Aug. 6, 1940. viewed by V. S.

453-21-3042-958

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]-3-17

71747

County of Twin Falls

City of Murtaugh

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female,				Yes,	8 13 1919

FATHER	MOTHER
FULL NAME: Decker, George A,	FULL MAIDEN NAME: Reynolds, Virgina M,
RESIDENCE: Murtaugh, Idaho.	RESIDENCE: Murtaugh, Idaho.
COLOR: White,	COLOR: White,
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Bluff Utah.	BIRTHPLACE: Bannock, Va.
OCCUPATION: Farmer,	OCCUPATION: Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug. 13th. 1919 at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Drane, M.D.

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bond Building, Twin Falls, Idaho.

..... Registrar

Filed 8/13 1919 John L. Caughlan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.217.042-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71748

County of Twin Falls,

City of .....

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mildred Kathlyn Smith.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 17, 1919

FATHER	MOTHER
FULL NAME: Arthur D. Smith.	FULL MAIDEN NAME: Lillian A. Hunter
RESIDENCE: Twin Fall, Idaho.	RESIDENCE: Twin Falls, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Nebraska.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7: A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician.

(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... Registrar

Filed Aug. 1, 1919 John F. Caughlan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Family Record, appears old, gives the Child's Name as Mildred Kathlyn Smith - viewed by V.S.

University of Idaho College Records 1937-1940 - gives name as Mildred Kathlyn Smith - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 71748

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Smith (Name on Original Certificate) who born (Was Born or Died) on Aug. 17, 1919 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 12, 1959 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mildred Kathlyn Smith

Subscribed and sworn to before me this 12th day of January, 19 59

Notary Public, residing at Twin Falls, Idaho

My commission expires

(Seal)

Signed Mrs O. D. Smith (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

552 4th Ave East, Twin Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 th. day of January, 19 59

Notary Public, residing at Twin Falls, Idaho.

My commission expires April 20, 1960

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM OPH 55.155 NNCL 1-5-59. nm

JAN-2 2 1959

997-218·042-219

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71749

County of Twin Falls,

City of

No. St.

Hospital

Registration District No. 37

Primary Registration District No. 2085

File No.

Registered No.

FULL NAME OF CHILD Rigdon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd L. Rigdon.	FULL MAIDEN NAME	Myra Elsie Barlow
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

19

Registrar

Filed Aug 18 1919 John L. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-109-042-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71750

County of Twin Falls,.....

City of ..... Registration District No. 37 File No. .....

No. .....St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Whiteside .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 9, 91

FATHER	MOTHER
FULL NAME: Joseph V. Whiteside	FULL MAIDEN NAME: Elsie J. Clark
RESIDENCE: Rogerson, Idaho.	RESIDENCE: Rogerson. Idaho.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 29
COLOR: White	AGE AT LAST BIRTHDAY (Years): 20
BIRTHPLACE: Nebraska.	BIRTHPLACE: Idaho.
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth ....3.... Number of children of this mother now living, including present birth ....3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at ..4:A..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

.....19.....

.....
Registrar

Filed Aug. 9 1917 John L. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

? 0 2016

853-201-042-431
Name added 6-17-81

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71751

County of Twin Falls

City of Twin Falls

No. 160 N. Wash St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD ANNA Helen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Helen	FULL MAIDEN NAME	Cloa McArthur
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho

Registrar

Filed 8-4-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-8-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 17 11 58 AM '81

State of _____ } ss.
County of _____ }

Certificate No. , 71751
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Helm (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-1-19 (Date of Event)

in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Anna Helm

Subscribed and sworn to before me this 17th day of June, 1981.

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Zetta Hughes
Signature of Applicant

210 W. Las Labas Marinos
Street Address, City, State
San Clemente Ca. 92672

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc 1 card pd

Certificate of Blessing gives name as Anna Helm, daughter of Robert Helm and Cloa McArthur, born August 1, 1919 at Twin Falls, Idaho. Blessed Jan.6,1921 L.D.S.Church.
Viewed by V.S.

JUN 1 1981

Certificate of Baptism and Confirmation gives name as Anna Helm, daughter of Robert Helm and Cloa M. McArthur, daughter of born August 1, 1919, at Twin Falls, Idaho Baptized August 30, 1931, L.D.S.Church.
Viewed by V.S.

Certificate of award issued to Anna Helm for inprovement in Writing. Awarded by the Los Angeles City School District, Fourth Grade 1929.
Viewed by V.S.

464206.042-294 Sex of child amended 12-2-86 lb

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 6/1/76

71752

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. ..... St.

Primary Registration District No. 1085

Registered No.

Hospital Boyd Hospital

FULL NAME OF CHILD Alice Margaret Dougherty

Sex of Child Female M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl Dougherty	FULL MAIDEN NAME	Mary Viola Simms
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1020A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Boyd

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed 8-7-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1976

10-6-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
NOV 24 1986

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 71752
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Alice Margaret Dougherty (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 6, 1919 (Date of Event)
in Twin Falls, Twin Falls Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Sex of Child	Male	Female

Subscribed and sworn to before me this 19th day of November, 19 86.
Notary Public, A. Darlene Stevens
Residing at Twin Falls, Idaho
My commission expires 9-25-88
(Seal)

x Alice Margaret Rude
Signature of Applicant
x 508 Eastland Dr No.
Street Address, City, State
Twin Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

DEC 2 1986

Marriage certificate from Twin FAlls Co., Idaho #497 gives name of bride as Margaret Calvert (Dougherty, age 42, born in Twin FAlls, ID married to James S. Rude on Dec. 17, 1961 at Twin Falls, ID.
Viewed by V.S.

Birth certificate of Richard Steven Calvert born Jan. 3, 1953 in Twin Falls, Idaho S.F.#53-962 gives name of mother as Alice Margaret Dougherty born in Idaho.
Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 25 9 55 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of TWIN FALLS } ss.

Certificate No. 71752

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Daugherty (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 6, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record & Baby Book (Bible Record, Insurance Policy, Etc.) prepared on August 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Daugherty	Alice Margaret Dougherty
father's last name	Daugherty	Dougherty

Subscribed and sworn to before me this 17th day of
May, 1976
Notary Public, residing at TWIN FALLS, ID
My commission expires 3/25/79
(Seal)

Signed Mary Viola Dougherty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
440 Duvall Courts, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of TWIN FALLS } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
May, 1976
Notary Public, residing at TWIN FALLS, ID
My commission expires 3/25/79
(Seal)

Signed
(Signature of Any Credible Person)
508 Eastland Drive North, Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5/14/76

Baby Book for Alice Margaret Dougherty born on Aug 6, 1919 to Mr. & Mrs. Russel Dougherty. in Twin Falls, Idaho. viewed by V. S.

JUN 1 1976

Marriage License and Certificate from Idaho gives names as Richard Charles Calvert and Alice Margaret Dougherty. dated July 6, 1941. viewed by V. S.

318-115-042 957

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71753

County of Twin Falls.

City of " "

No. ..... St.

Hospital .....

Registration District No. 34

Primary Registration District No. 1.2.5.2.

File No. .....

Registered No. .....

FULL NAME OF CHILD HAL INGHAM Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				ye	Aug 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J H Taylor	Myrtle Ingham
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Salt Lak City Utah	Salt Lak City Utah
OCCUPATION	Salesman	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John H Coughlin

..... (Physician or midwife)

Address Twin Falls Ida

Filed Dec 18 1912 John H Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-1-40

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ILLINOIS } ss.
County of Cook

Certificate No. 71753

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for UNNAMED (Name on Original Certificate) who Was Born (Was Born or Died) on August 15, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hal Ingham Taylor

Subscribed and sworn to before me this 14th day of May, 1942.

Florence Barbour
Notary Public, residing at Berwyn, Ill.

My commission expires 4/7/46
(Seal)

Signed Mrs. I. H. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1353 Anthon Ave, Chicago, Illinois
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ILLINOIS } ss.
County of Cook

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of May, 1942.

Robert M. Joffrey
Notary Public, residing at Chicago, Illinois

My commission expires My Commission Expires Jan. 27, 1946
(Seal)

Signed Ira H. Taylor.
(Signature of Any Credible Person Other Than Previous Year)

1353 Anthon Ave
(Street Address, City, State)
Chicago Ill.

MAY 21 1942

MAY 25 1942

FEB 20 1964

444210-042-856

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71754

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital Boyd

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Caroline Corinne Dudley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female,		Yes	8 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dudley, Carl C.	FULL MAIDEN NAME	Heffner, Berna
RESIDENCE	Hazelton Idaho	RESIDENCE	Hazelton Idaho.
COLOR	White,	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 10 th. 1919 4.50 A. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boyd Building, Twin Falls, Idaho

Filed 8/10 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 - 1959

689-208-042-469

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital County Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71755

Registration District No. 37 File No. .....

Primary Registration District No. 10-85 Registered No. .....

FULL NAME OF CHILD Whitaker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 5 19 9

FATHER		MOTHER	
FULL NAME	Roy D. Whitaker	FULL MAIDEN NAME	Eulah Morrisette
RESIDENCE	[redacted], Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. O. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed Aug 8 1919 John H. Caughlan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-110-042-639

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71756

County of Twin Falls, Ida

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Grant Flint Barlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar T. Barlow	FULL MAIDEN NAME	Phoebe E. Flint
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed Aug 10 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 11 10 23 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71756

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for UnnamedBarlow (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 10, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Grant Flint Barlow

Subscribed and sworn to before me this 29 day of July, 19 76

Notary Public, residing at Ogden Ut

My commission expires 3-12-77

(Seal)

Signed Genevieve B Mortensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4244 Polk Ogden Ut
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July, 19 76

Notary Public, residing at Ogden Ut

My commission expires 3-12-77

(Seal)

Signed Shelly Barlow
(Signature of Any Credible Person)

1087 N 1200 W Ogden Ut
(Street Address, City, State)

FORM DH 60-155 CL 6/8/76 nm

AUG 18 1976

Certificate of Blessing from the LDS Church gives name as Grant Flint Barlow son of Oscar Barlow and Phebe Flint. born Aug 10, 1919 at Twin Falls,Idaho Blessed Nov 2, 1919. viewed by V. S.

Certificate of Baptism and Confirmation son of Oscar I. Barlow and Phoebe E. Flint born Aug 10, 1919. Twin Falls, Idaho. Baptized Dec 4, 1927. viewed vy V. S.

693-113-072-195

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

County of Twin Falls

City of ..... Registration District No. 37 File No. 71757

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Rexford Nephi Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 13 1919

FATHER

FULL NAME Claude R. Williamson

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mercy Worrell

RESIDENCE Twin Falls,

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION —

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Wilcox

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Aug 13 1919 John F. Coughlin
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1978

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 71757

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Williamson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 13, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Lic. Church Record (Bible Record, Insurance Policy, Etc.) prepared on 1-7-76 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Rexford Nephi Williamson

Subscribed and sworn to before me this 7 day of January, 1976

James Thompson

Notary Public, residing at 1322 El Rancho

My commission expires May 22 1976

(Seal)

Signed Clenett E Arnell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/5/76 Rush

Marriage Certif from Utah gives name as Rexford Nephi Williamson and Maxine Poulson dated Oct 2, 1941. viewed by V. S.

JAN 13 1976

Certif of Ordination gives name as Rexford Nephi Williamson of the Montpelier Third Ward and Montpelier Stake. Ordained a High Priest in the Melchizeked Priesthood of the LDS Church. dated Nov 7, 1959. viewed by V. S.

386117.042-663

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71758

Registration District No. 37 ..... File No. .....

Primary Registration District No. 1085 ..... Registered No. .....

FULL NAME OF CHILD Thompson ANDREW FRANK THOMPSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Thompson	FULL MAIDEN NAME	Clara Wolf
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (premature) at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clonchek
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed Aug 17 1919 John F. Caughlin
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 71758

Date Filed [redacted] birth

The undersigned does solemnly swear that certain facts on the certificate of [redacted] (Birth or Death)
for Andrew Frank Thompson (Name on Original Certificate) who was born (Was Born or Died) on Aug 19th 1919 (Date of Event)
in Twin Falls Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Andrew Frank Thompson

Subscribed and sworn to before me this 23rd day of May, 1942.

Notary Public, residing at Twin Falls

My commission expires Jan 1- 1946.
(Seal)

Signed Albert J. Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

427. 4th St No. Twin Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 27 1942

MAY 28 1942

855-125-042-866

PLACE OF BIRTH

County of Twin Falls

City of ..... No. ..... St.

Hospital Twin Falls Co

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71759

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Don Jr. Henry Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don J. Henry	Katherine M. Hoff
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Ashland, Kansas	La Porte, Indiana
OCCUPATION	Attorney	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.20 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed Aug 26 1919 Thomas F. Coughlin Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

493-526-042-489

County of Twin Falls

City of Twin Falls

No. Maurice St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71760

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Milligan KENNETH MERLE MILLIGAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	LeRoy L Milligan	FULL MAIDEN NAME	Eva Uhrig
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Kans.
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hro Slondek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Ida

Filed Aug 26 1919 John F. Caughlin Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma }ss.
County of Blaine }

Certificate No. 71766

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Merle Milligan (Name on Original Certificate) who was born (Was Born or Died) on August 26, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Merle Milligan

Subscribed and sworn to before me this 15th day of July 1942.

Okemah Anderson
Notary Public, residing at Watonga, Oklahoma
My commission expires December 23, 1942.
(Seal)

Signed Eva Milligan Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Watonga, Oklahoma.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma }ss.
County of Blaine }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1942.

Okemah Anderson
Notary Public, residing at Watonga, Oklahoma
My commission expires December 23, 1942
(Seal)

Signed Eva Milligan
(Signature of Any Credible Person Other Than Previous Year)

Watonga, Oklahoma
(Street Address, City, State)

JUL 16 1942

JUL 2 0 1942

855-128:042-963

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 4th Ave N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71761

Registration District No. B7 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Manley W. Hendricks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 28 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Hendricks	Grace Rock
RESIDENCE	Twin Falls, Ida	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	Kentucky	Kansas
OCCUPATION	Blacksmith	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Wilson

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

19

Registrar

Filed Aug 28 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-230-042-336

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71762

County of Twin Falls

City of " "

No. 712 Main Ave St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Theo B. Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. M. Hendricks	FULL MAIDEN NAME	Hazel Cloward.
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

19

Registrar

Filed Aug 30 1919 John F. Coughlin Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 0 1947

243.227.042-142

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Min. 6-8-17

71763

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... Inez Norma Butler .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	8 27 1919

FATHER		MOTHER	
FULL NAME	Harvey E. Butler	FULL MAIDEN NAME	Norma Austin
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Hagerman Ida.
OCCUPATION	Grocery Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 8 A.M. P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Cole

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/27 1919 John F. Caughlan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225:111-042-893

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37

No. ..... St. Primary Registration District No. 1085

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

71764

File No. .....

Registered No. .....

FULL NAME OF CHILD Kenneth LeRoy Skeen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male		Yes	5 11 1918

FATHER		MOTHER	
FULL NAME	Leroy Skeen	FULL MAIDEN NAME	Mazie Stucki
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranch Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 19 M. on the date above stated.

(Signature) W. F. Pike

Physician (Physician or midwife)

Address Twin Falls Ida.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/11 1919 John A. Caughlan Registrar

1942

JUN 24 1942

AUG 21 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413121-042-665

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rim-6-6-17

CERTIFICATE OF BIRTH

71765

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 21 1917

FATHER		MOTHER	
FULL NAME	John F. Matthews	FULL MAIDEN NAME	Hilda Hamman
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 20 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. F. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida.

..... 19.....

..... Registrar

Filed 8/21 1917 John T. Laughlin Registrar

234205-042-165

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71766

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Opal Almeda Stump [redacted]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Wilfred Stump	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Bellevue Ida.	RESIDENCE	Bellevue Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida.

Filed 8/5 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1943

55128-042-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

71767

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Boyd

Registration District No. 27

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD BURTON CECIL NEWBRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male,			yes	8 28 1919

FATHER

FULL NAME: Newbry, Charles T.

RESIDENCE: Hazelton, Idaho,

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Kansas.

OCCUPATION: Real Estate Agent.

MOTHER

FULL MAIDEN NAME: Brooks, Florence E

RESIDENCE: Hazelton, Idaho

COLOR: White,

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Washington.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug. 28th 1919 4.09 AM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Herbert C Drane MD

Physician. (Physician or midwife)

Address Twin Falls, Idaho

Filed 9/28 1919 John H Caldwell Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 71767

Date Filed Apr. 2 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record, (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Burton Cecil Newbry
father's name	Charles T. Newbrey	Charles T. Newbry

Subscribed and sworn to before me this 31st. day of March, 1942

Notary Public, residing at Twin Falls, Ida.

My commission expires 11/17/43 (SEAL)

Signed Charles T. Newbry
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

_____
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st. day of March, 1942

Notary Public, residing at Twin Falls, Ida.

My commission expires 11/17/43 (SEAL)

Signed R. K. Gossard
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

_____
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 6 [illegible]2

APR 15 1955

168-220-042 663

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71768

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital Home

FULL NAME OF CHILD Anna Josephine Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 20 1919

FATHER

FULL NAME David R. Johnson

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Chiropractor

MOTHER

FULL MAIDEN NAME Sarah Helen Folmer

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11. P. M. on the date above stated.

(Signature) Jos. N. Davis

M.D. Kimberly, Idaho
(Physician or midwife)

Address

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Aug 20 1919 John H. Caughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-126-042-259

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71769

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 26 1919

FATHER		MOTHER	
FULL NAME	Harry Scott Beals	FULL MAIDEN NAME	Sadie Keith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Wen
OCCUPATION	Real estate	OCCUPATION	Hwy

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T B Masson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls

Filed 4/20 1919 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y33-105-042-289

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71770

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. ..... St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD ~~John~~ Lorimer Franklin Lorimer McLaughlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm L. McLaughlin	FULL MAIDEN NAME	Grace Syres
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar

Filed Aug 11 1919 John F Coughlin Registrar

[redacted]

10-4-[illegible]

CC

469205 042-532

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Boyd

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-1-17

CERTIFICATE OF BIRTH

71771

Registration District No. 39

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Martha Musa Morehouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	8 5 1919

FATHER	MOTHER
FULL NAME: Morehouse, Ralph E.	FULL MAIDEN NAME: Halbert Elsie
RESIDENCE: Hollister Idaho.	RESIDENCE: Hollister, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Mitchell, Iowa.	BIRTHPLACE: Richmond, Mo.
OCCUPATION: Justice of the Peace.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Aug. 5th 1919 at 8.10 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Idaho.

Filed Aug. 8 1919 John F. Coughlin Registrar

FEB 4 1944

699-103-042-863

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 71772

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 3 1919

FATHER		MOTHER	
FULL NAME	R. L. Wright	FULL MAIDEN NAME	Lillie Holloway
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Fite

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed 8-4-1919 J. F. Coughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-204-029-912

PLACE OF BIRTH

[redacted] Latah

of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 71773

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Marian Lucille Todd

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	yes	Aug 4 — 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Simeon Todd	Martha Rask
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Missouri	Sweden
OCCUPATION	Well Driller	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle
Physician
(Physician or midwife)

Address J. E. Pickens

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Aug 14 1917 Troy Idaho
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

AUG 1962

MAY 4

234-222-029-312

PLACE OF BIRTH

Form V. S. No. 11-C—Rim 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71774

County of Latah

City of Troy

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Violet

FULL NAME OF CHILD ..... Phoebe Klossner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	3	yes	Aug 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Fredrick Klossner	Bessie Lena Lakin
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Missouri	Newport Wash.
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth ... 3 ... Number of children of this mother now living, including present birth ... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Lemke

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 22 1917

J. E. Parker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

BUREAU OF VITAL STATISTICS

amend 5-1-82 **CERTIFICATE OF BIRTH** **71775**

County of [illegible]

239-27

City of [illegible]

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Ione Strom

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	5	yes	August 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Strom	FULL MAIDEN NAME	Cecelia Larson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Madelia Minnesota	BIRTHPLACE	Sand Norway.
OCCUPATION	Hardware	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 1 1919 J. E. Pickerd Registrar

CHAPTER 5

BIRTH

4-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

MAY 3 8 53 AM '82

Certificate No. 71775
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Cecilia Strom (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-20-19 (Date of Event)
in Troy (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Cecelia Strom	Doris Ione Strom

Subscribed and sworn to before me this 26th day of April 1982
Notary Public Lucille A. Jacuess
Residing at Federal Way Wa
My commission expires 8-31-84
(Seal)

X Doris Ione Schnackenberg
Signature of Applicant
8373 Zircon Dr #33 Tacoma Wa 98498
Street Address, City, State

RICHARD J. MOEN
NOTARY PUBLIC
COMMISSION EXPIRES
OCT. 1, 1983
STATE OF WASHINGTON

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of April 1982
Notary Public Richard J. Moen
Residing at Bellevue Wa
My commission expires Oct 1, 1983
(Seal)

Dorothy C. Jarvis
Supporting Signature
8604 A Onyx Rd. S.W.
Street Address, City, State
Tacoma, Wa 98498

Ice credit

Cert of Baptism gives Doris Ione Strom born 8-20-19 in Troy to Albert Strom and Cecelia was baptised in Trinity Lutheran Church in Troy, Idaho on the 30th of Nov. 1919. Viewed by V.S.

MAY 4 1982

Marriage Certificate from State of Washington County of Spokane #60536A gives Walter J Schnackenberg and Doris Ione Strom were married Aug 20, 1941. Viewed by V.S.

PLACE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 71775

Primary Registration District No. 2144 Registered No. ____

Full Name of Child Cecila Strome

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	one	5	Yes	Aug 20 1919

FATHER		MOTHER	
FULL NAME	Albert Strom	FULL MAIDEN NAME	Cecilia Larson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Madilia Minnesota	BIRTHPLACE	Land Norway
OCCUPATION	Hardware clerk	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Hinkle

[redacted]

(Physician or midwife)

Address Troy

Filed aug 20 1919 J E Pickerd Registrar

Given names added from a supplemental report

aug 20 1919

J E Pickerd Registrar

N. B.—In case of more than one child at ... of each, in order ...

493/22-029-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Troy

No. ____ St.

Hospital ____

AMENDED January 14, 1947

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 71776

Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Wilbur Ora Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	Aug. 22 1919

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Charles W. Miller	FULL MAIDEN NAME: Susie Frazier
RESIDENCE: Troy, Idaho	RESIDENCE: Troy, Idaho
COLOR: Wh	COLOR: Wh
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle

Physician (Physician or midwife)

Address Troy, Idaho

Filed Aug. 29 1919 J. E. Pickerd
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 71776

Date Filed Jan. 6 1947

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Wilbur Ora Miller Frazier (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22 1919 (Date of Event)

in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 22 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Ora Miller	Wilbur Ora Miller
Mother's name	Frazer	Frazier

Subscribed and sworn to before me this 6th day of January, 1947

Charles J. Kibler

Notary Public, residing at Moscow Idaho

My commission expires Nov. 13, 1949.

(Seal)

Signed Leroy D. Miller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1947

Charles J. Kibler

Notary Public, residing at Moscow Idaho

My commission expires Nov. 13, 1949.

(Seal)

Signed Elmer H. Miller

(Signature of Any Credible Person)

Princeton Idaho

(Street Address, City, State)

JAN 1 5 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71776

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD William Ora Miller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	3	yes	Aug 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles W. Miller	FULL MAIDEN NAME	Susie Frazer
RESIDENCE	Troy, Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed Aug 29 1919 J E Prekerd

Registrar

Registrar

696231-035-522

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71777

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 322

FULL NAME OF CHILD Mary Frohnmayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 31 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August C. Frohnmayer	Rosie Esser
RESIDENCE	Moscow Ida	Moscow Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Neb.	Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Broadbent

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 5 1917 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-223 = 95.713

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1312 - 12th Avenue

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71779

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 318

FULL NAME OF CHILD AUDREY ALETHA Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles L. Ward	FULL MAIDEN NAME	Goedie Palmer
RESIDENCE	Anatone, Wn	RESIDENCE	Anatone, Wn.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Clarkston, Washington

Filed Sept 8 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of NezPerce

Certificate No. 71779

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unmaned (Name on Original Certificate) who borned (Was Born or Died) on Aug 23 1919 (Date of Event) in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [redacted] (Bible Record, Insurance Policy, Etc.) prepared on [redacted] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Ward	Audrey Aletha Ward

Subscribed and sworn to before me this 13 day of March, 1942

Notary Public, residing at Coeur d'Alene Idaho

My commission expires Feb. 27-1943
(Seal)

Signed C. Lee L. Ward, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or, other credible person.)

Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 19 1942

255-22-0035-863

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 71780

Primary Registration District No. 1109 Registered No. 317

FULL NAME OF CHILD Ruby Hanna Benson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 22nd 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Benson	Augusta Holmquist
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. G. Braddock M.D.

(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Sept 8 19 19 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 71780

County of Spokane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruby Hanna Benson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1919 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record affidavit (Bible Record, Insurance Policy, Etc.) prepared on October 5, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	July 21st	August 22, 1919

Subscribed and sworn to before me this Eighth day of October, 1942

F. E. Davis

Notary Public, residing at Spokane, Wash.

My commission expires November 3rd 1942.

(Seal)

Signed John Benson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. 7409 Marietta, R#5 Spokane, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Spokane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 1942

Harry T. Dawenport

Notary Public, residing at Spokane

My commission expires July 6, 1946

(Seal)

Signed F. E. Davis

(Signature of Any Credible Person Other Than Previous Year)

516-17 Peyton Bld. Spokane Wash.

(Street Address, City, State)

OCT 1 2 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Nez Perce

City of Lewiston

Registration District No. 96

File No. 71781

No. ..... St.

Primary Registration District No. 1009

Registered No. 316

Hospital St. Josephs

FULL NAME OF CHILD Jean Villa Clifford

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug. (Month) 20th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Clifford	FULL MAIDEN NAME	Hazel Sencenbaugh
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock M D

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Lewiston, Ida

..... 19.....

Filed Sept 8 1919 Susan E Bruce

Registrar

Registrar

PLACE OF BIRTH

County of.....

53-209-035-698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

924-15th Ave

No. ..... St.

Registration District No. 96 File No. 71783

Primary Registration District No. 1009 Registered No. 312

Hospital .....

FULL NAME OF CHILD Ruth Irene Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			Yes.	8 (Month) 9 (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Nelson	Viola B Pray
RESIDENCE	Lewiston Ida.	Lewiston Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	41
BIRTHPLACE	Sweden	Iowa
OCCUPATION	Book Keeper	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive, at 11 — P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. F. McMahan M. D.

(Physician or midwife)

Address Lewiston, Ida.

Filed Sept 8 1919 Dawn E. Bruce
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

5-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

285-107-235-419

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 71784

No. St.

Primary Registration District No. 1009 Registered No. 310

Hospital Whites

FULL NAME OF CHILD Gordon Marshall Shepard.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child: Male	Twin Triplet or other? X (To be answered only in event of plural births)	and Number in order of birth X	Legitimate? Yes	Date of Birth: 8 (Month) 7 (Day) 1919 (Year)	

FATHER		MOTHER	
FULL NAME	Paul Shepard	FULL MAIDEN NAME	Rachael Marshall
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	South N Dakota	BIRTHPLACE	Iowa.
OCCUPATION	Fireman.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

By P C Pauley Jr

(Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 8 1919 Susan E Brown
Registrar

S-Y-CO 38071

JUN 4 1963

799.106.035-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 113-17th Avenue

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 71785

Primary Registration District No. 1009 Registered No. 309

Hospital

FULL NAME OF CHILD Dale Emmitt Prine

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 6th 1919

FATHER		MOTHER	
FULL NAME	Orrin Prine	FULL MAIDEN NAME	Alma Danielson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oregon	BIRTHPLACE	North Dakota
OCCUPATION	Prop. Bottling Works	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank A. Johnson

(Physician or midwife)

Address Clarkston, Wash.

Filed Sept. 8 19 19 Roan E. Bruce Registrar

NOV 27 1942

697-104-835-692

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71786

County of Nez Perce

City of Lewiston

No. 512 Delsol Lane

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 308

FULL NAME OF CHILD LOUIS ANDREW Fix

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. M. Fix	FULL MAIDEN NAME	May Wisner
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, Ida.

19

Registrar

Filed Sept 8 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of UMATILLA } ss.

Certificate No. 71786

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for LOUIS ANDREW FIX (Name on Original Certificate) who was born (Was Born or Died) on August 4, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's affidavit (Bible Record, Insurance Policy, Etc.) prepared on June 5, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Louis Andrew Fix

Subscribed and sworn to before me this 5th day of June, 19 42.

Anna M. Hartsuong

Notary Public, residing at Pendleton, Oregon

My commission expires Feb. 14, 1943.
(Seal)

Signed Laura Mae Fix.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 8 1942

APR 15 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Mer Pierce

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

City Lewiston Orchards

Registration District No. 95

File No. 71787

No. 386-111-035-695 St.

Primary Registration District No. 1009

Registered No. 323

Hospital

FULL NAME OF CHILD Leonard Laughlin Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 11 1919

FATHER		MOTHER	
FULL NAME	Walther Walter W. Thomas	FULL MAIDEN NAME	Cora Fields
RESIDENCE	Orchards	RESIDENCE	Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Virginia	BIRTHPLACE	Nebraska
OCCUPATION	Weather Observer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Clarkston, Washington

Filed Sept. 8 1919 Susan E. Bruce

Registrar

Certified Copy issued October 31, 1940. E.W.

APR 11 1961

JAN 25 1949

PLACE OF BIRTH

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

STATE OF IDAHO

236227.035 135

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. East Lewiston St.

Hospital

Registration District No. 95

File No. 71788

Primary Registration District No. 1009

Registered No. 321

FULL NAME OF CHILD Lea May Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug. 27th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. Otis Stone	FULL MAIDEN NAME	Myrtle F. Alexander
RESIDENCE	East Lewiston	RESIDENCE	East Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Clarkston, Washington

Filed Sept. 8 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-224-035-291

[redacted] rm V. S. No. 11-C—Mm-8-8-17

71789

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

Registration District No. 95

File No.

No. St.

Primary Registration District No. 1009

Registered No. 319

Hospital

FULL NAME OF CHILD Dorothy Margaret Springer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Springer	FULL MAIDEN NAME	Lela Beautell
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho

Filed Sept 8 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1970

295-118-035-667

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71790

Registration District No. 95 File No. .....

Primary Registration District No. 1009 Registered No. 315

FULL NAME OF CHILD Elmo E. Krieg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 18 1919

FATHER		MOTHER	
FULL NAME	Benjamin Krieg	FULL MAIDEN NAME	Anna Fox
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Breadon M.D.

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 8 19 19 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 - 1953

753-214-035-593

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perse

City of Lewiston

No. Willows St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71791

Registration District No. 95 File No.

Primary Registration District No. 1009 Registered No. 314

FULL NAME OF CHILD Dorothy May Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 14th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William F Peterson	FULL MAIDEN NAME	C. A. Nichlson
RESIDENCE	Lewiston	RESIDENCE	Willows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Magnon Ill	BIRTHPLACE	Bornsmont N. D.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Thourse MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed Sept 8 1919 Susan E Bruce
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1952

SEP 5 1973

APR 14 1983

844-209-035-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City Lewiston Orchards

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71792

Registration District No. 95

File No. .....

Primary Registration District No. 1009

Registered No. 311

FULL NAME OF CHILD Gladys Pauline Headleston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Aug. 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur A. Headleston	Julia A. Barr
RESIDENCE	Lewiston Orchards	Lewiston Orchards
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	California	Nevada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.30 p. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mary McClellan

Lewiston Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept. 5 1919 Roam E. Bruce

Registrar

AUG 11 1958

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PLA
042-245

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen Registration District No. 36 File No. 71793

No. ..... St.

Primary Registration District No. ..... Registered No. 50

Hospital Home

FULL NAME OF CHILD Donald Wesley Haaga

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard M Haaga	Marda Ellen Bunch
RESIDENCE	Hansen	Hansen
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Nev
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.15 A. M. on the date above stated.

(Signature) J. N. Harris

M. D.
(Physician or midwife)

Address Kimberly

Filed Aug 25 1919 J. N. Harris
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/28/41 rmf

[redacted]

299-214-042-884

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71794

County of Twin Falls

City of Hansen — Registration District No. 36 — File No.

No. ____ St.

Primary Registration District No. ____ Registered No. 51

Hospital Home

FULL NAME OF CHILD Ellen Ruth Kirkpatrick

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 14 1919

FATHER

FULL NAME: Charles Orris Kirkpatrick

RESIDENCE: Hansen

COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mable Ellen Hyde

RESIDENCE: Hansen

COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ill

OCCUPATION: House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

(Signature) J. N. Davis, M. D.

(Physician or midwife)

Address Kimberly

Filed Aug 25 19 19 — J. N. Davis, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

Amended 6/18/73

366115 042-313

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71795
Local Reg. No.
Reg. Dist. No. 36

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimberly

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimberly

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lester b. (Middle): G. c. (Last): Cooper

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____		Aug.	15,	1919

FATHER OF CHILD

7. FULL NAME

a. (First): C. b. (Middle): J. c. (Last): Cooper

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Kansas	Auto Mechanic	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): Caroline c. (Last): Tate

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
26 YEARS	Tenn	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. N. Davis M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kimberly

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 25, 1919

22. REGISTRAR'S SIGNATURE: J. N. Davis

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 4:10AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

2-8-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 13 8 48 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 71795

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for George Lester Cooper (Name on Original Certificate) who was born (Was Born or Died) on August 15, 1919 (Date of Event)

in Kimberley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	George Lester Cooper	~~Lester Cooper~~
		LESTER GEORGE COOPER

Subscribed and sworn to before me this 6th day of JUNE, 1973

[signature]

Notary Public, residing at Gresham, Oregon

My commission expires MAY 4, 1974

(Seal)

Signed Lolamae Roskoski

(Signature of parent or attendant if correcting a birth record; of attendant, ~~funeral director~~, informant if correcting a death record; or other credible person.)

823 Filbert Aurora, Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Passport issued by Department of State at Washington,D.C on August 10, 1951 gives name as Lester G. Cooper born at Kimberly, Idaho on August 15, 1919. Viewed by V.S.

Military Record and Report of Separation gives name as Lester G. Cooper born August 15, 1919 at Kimberly,Idaho. Entry into Active Duty,May 26, 1944. Viewed by V.S.

366-15-242-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. 71795

Primary Registration District No. ..... Registered No. 52

Hospital Home

FULL NAME OF CHILD George Lester Cooper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug	15	1919

FATHER		MOTHER	
FULL NAME	C. J. Cooper	FULL MAIDEN NAME	Mary Caroline Tate
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Auto Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Harris M. D.

(Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 25 1919 J. N. Harris Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1973

JUN 27 1973

APR 20 1943

231-216-042-254

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71796

County of Twin Falls

City of Kimberly

Registration District No. 36 File No.

No. St.

Hospital Home

Primary Registration District No. Registered No. 53

FULL NAME OF CHILD Pearle Staley

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 16 (Day) 19 19 (Year)

FATHER		MOTHER	
FULL NAME	B. Jay Staley	FULL MAIDEN NAME	Sarah Cloe Sudweeks
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. N. Davis M.D.

(Physician or midwife)

Address Kimberly

Filed Aug 25 19 19 J. N. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-119:042-169

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71797

County of Twin Falls

City of Rock Creek Registration District No. 36 File No.

No. St. Primary Registration District No. Registered No. 54

Hospital Home

FULL NAME OF CHILD

Sex of Child: Male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Aug (Month) 19 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Lars. P. Larsen	FULL MAIDEN NAME	Ona Mildred Morrow
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

19

Registrar

Filed Aug 25 19 19 J. N. Davis
Registrar

238-202-042-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71798

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. St.

Hospital Home Primary Registration District No. Registered No. 55

FULL NAME OF CHILD Lois Marion Slyter

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug 2 1919

FATHER		MOTHER	
FULL NAME	James R. Slyter	FULL MAIDEN NAME	Edna Doris Latham
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.10 P. M. on the date above stated.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly

Filed Aug 25 1919 J. N. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1943

319-106

PLACE OF BIRTH

014-86 County of Canyon

City of Caldwell R.F.D. 6

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71799

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 172

FULL NAME OF CHILD Raymond H. Carter

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	2	yes	9-6-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eric P. Carter	FULL MAIDEN NAME	Esther Hoskins
RESIDENCE	Caldwell Id RFD 6	RESIDENCE	Caldwell Id RFD 6
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	'29 (Years)	AGE AT LAST BIRTHDAY	'23 (Years)
BIRTHPLACE	Jewel Co Kans	BIRTHPLACE	Fairfield Ia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm at 9.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

..... 19....

Filed 9-8-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 71799

State of Idaho } ss.
County of Canyon

AUG 18 1945

Date Filed Aug 14 - 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymond H. Carter (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1919 (Date of Event)
in Huston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Statement of attendant (Bible Record, Insurance Policy, Etc.) prepared on Aug 14, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Carter	Raymond H. Carter

Subscribed and sworn to before me this 14th. day of August, 1945

M. E. Emerson Platt
Notary Public, residing at Huston, Ida

My commission expires Oct 29 1946
(Seal)

Signed Estel C. Hoskins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wilder Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1945

M. E. Emerson Platt
Notary Public, residing at Huston, Ida

My commission expires Oct 29 1946
(Seal)

Signed Esther H. Carter
(Signature of Any Credible Person Other Than Previous Year)

963 - 11th ave so. Nampa Ida
(Street Address, City, State)

AUG 2 2 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

234-263-014-965

County of Canyon

City of Caldwell Id

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 1005

File No. 71800

Registered No. 171

FULL NAME OF CHILD Cleta Haroldean Blunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fl.	S.		3	Yes	9 3 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold W. Blunt	FULL MAIDEN NAME	Cleta Ronan
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Fairbanks Ia	BIRTHPLACE	Notus Id
OCCUPATION	Ice Cream Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M. D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19....

Filed 9-8-1919 John [illegible]

Registrar

Registrar

2 12 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL FEB 12 4 24 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ~~Canyon~~ Ada gml

Certificate No. 71800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Blunt (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1919 (Date of Event)

in Caldwell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Blunt	Cleta Haroldean Blunt

Subscribed and sworn to before me this 12th day of February, 1973

Glenda MacLarson

Notary Public, residing at Boise

My commission expires Sept 15, 1976

(Seal)

Signed Billie Jer L Elmore

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

504 Almond Nampa Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

FEB 12 1973

Own childs birth certificate State File No. 436997 born May 19, 1947 Nampa, Idaho gives mothers name as Cleta Haroldean Blunt.
Viewed by VS

Marriage Certificate , State of Oregon, Union County married August 2,1937 Orville R. Horner and Cleta Haroldean Blunt .
Viewed by VS

PLACE OF BIRTH

369202014-893

County of Canyon

City of Caldwell R.F.D. Registration District No. 3

No. ..... St. Primary Registration District No. 2005

Hospital .....

FULL NAME OF CHILD Mary Anna Corn

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71801

File No. .....

Registered No. 170

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	S.	7	Yes	9-2-19

FATHER		MOTHER	
FULL NAME	Wm F. Corn	FULL MAIDEN NAME	Amanda Nelson
RESIDENCE	Caldwell R.F.D.	RESIDENCE	Caldwell R.F.D.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Sedalia Mo	BIRTHPLACE	Hermitage Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M. D.

(Physician or midwife)

Address Caldwell Rd

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 9-8-1919 John L. Meyer Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1968

659-224-014-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R#D

Registration District No. 3

File No. 71802

No. ..... St.

Primary Registration District No. 2005

Registered No. 169

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	S.		2	yes	8/24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Omar H Ferguson	FULL MAIDEN NAME	Mildred Goodwin
RESIDENCE	Caldwell Id R#D	RESIDENCE	Caldwell Id R#D
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pittsburg Kans	BIRTHPLACE	Stockton Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn), at 8:20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 9-8-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 15 1967

942-126-014-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. Route St.

Hospital

Registration District No. 3

File No. 71803

Primary Registration District No. 2005

Registered No. 168

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy (O)	X	X	yes	Aug (Month) 26 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Russell	FULL MAIDEN NAME	Edith Ferrell
RESIDENCE	Parma Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Gentry Tenn	BIRTHPLACE	Boise Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young

Caldwell Idaho a. L.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 8-31-1919 John V. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-27647/

252-226-014-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71804**

County of Canyon

City of Caldwell

No. Route #4 St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 167

FULL NAME OF CHILD Doris Edna Kessler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	X	yes	Aug 24 1909 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E. Kessler	FULL MAIDEN NAME	Ruth Mutch
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Carlage Missouri	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young

Caldwell Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8-31-1919

John S. Meyer
Registrar

MH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-126-014-231

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route #4 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 71805

Registered No. 166

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Aug 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George L. Hedden	FULL MAIDEN NAME	Maragrett Stang
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	McCloud Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. A. Young

Caldwell Idaho a.L.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8-31- 1919 John P. Meyer
Registrar

666-225-[illegible]-258

Form V. S. No. 11-G—25m-9-8-17

PLACE OF [illegible]

STATE OF IDAHO
[illegible]AL STATISTICS
[illegible] OF BIRTH

71806

County of Ca[illegible]

City of Caldwell

Registration District No.

File No.

No. Route 4 St.

Primary Registration District No. 2005

Registered No. 165

Hospital Residence

FULL NAME OF CHILD Hazel Arlene Fowler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Anderson Fowler	FULL MAIDEN NAME	Martha May Seymour
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Anna Illinois	BIRTHPLACE	Remington Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Filed 9-2-1919 John S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1973

FEB 24 1944

285-12:1:214-735

PLACE OF BIRTH

Form V. S. No. 11-0—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71807

County of Canyon

City of Caldwell

No. 1401 Blain St.

Hospital Residence

Registration District No. 3

Primary Registration District No. 1005

File No.

Registered No. 164

FULL NAME OF CHILD Glenn Reid Sheets

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reid Sheets	Elizabeth Glenn
RESIDENCE	1401 Blain St.	1401 Blain St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Bay, North Carolina	Caldwell Idaho
OCCUPATION	City Letter Carrier	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. G. Young

Physician (Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 5-22-1919 John T. Meyers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLA IRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71808

County of Canyon

235-167-614-548

City of Nampa

No. Route 3 St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 163

FULL NAME OF CHILD Thornton Bradley Stearns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. D. Stearns	FULL MAIDEN NAME	Lola Emery
RESIDENCE	Nampa, Route 3	RESIDENCE	Nampa, Route 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Filed 8-18-1919 John S. Meyer Registrar

Registrar

APR 5 1946

253-116-0142663

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form U. S. No. 11-G—25m-9-8-17

71809

County of Canyon

City of Caldwell

No. Ranch N.E. of City St.

Hospital Residence

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 162

FULL NAME OF CHILD Sherman Tracy Beck

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	–	7th	Yes	Aug. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leroy Carr Beck	FULL MAIDEN NAME	Alice Martha Wolcott
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Buffalo, Missouri	BIRTHPLACE	Buffalo, Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Idaho

Registrar

Filed 8-22 1919 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 14 1976

335-215-014 141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BOARD OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71810

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 1005

Registered No. 161

Hospital

FULL NAME OF CHILD Bettina Ruth Cleaver

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	August 15 1917

FATHER		MOTHER	
FULL NAME	Herbert Randall Cleaver	FULL MAIDEN NAME	Clara Adams
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. M. Foley
(Physician or midwife)

Address Caldwell, Idaho

Filed Sep 16 1917

John L. Meyers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

797-115 of 6-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2004

File No. 71811

Registered No. 160

FULL NAME OF CHILD EDGAR NEAL GIPSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	Aug. 15 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Varney Gipson	FULL MAIDEN NAME	Florence Lucas
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. M. Kelly
(Physician or midwife)

Address Caldwell Idaho

Filed 8-16-19

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ...Utah.....) Certificate No..71811.....
)ss
County of...Weber.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate (not shown now)
of ...birth..... for ..Edgar Neal Gipson who ..was born.....
(birth or death) (Name on original certificate) (was born or died)
on ..August 15, 1919.. in Caldwell, Idaho are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown
by Family Record Book. prepared on Nov. 25, 1929 - are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Edgar Neal Gipson

Subscribed and sworn to before me this 29th day of September 1941

Signed Mrs. Florence Green Gipson - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Betty Stewart
Notary Public
Residing at Ogden, Utah

311-12th St. Ogden, Utah
(Street address, City, State)

My commission expires My Commission Expires Mar. 23, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of..Utah.....)
)ss
County of...WEBER.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14...day of October 1941

Signed Ruth M. Horschel
(Signature of any credible person other than the previous affiant.)

Betty Stewart
Notary Public
Residing at Ogden, Utah

2867 Fowler ave., Ogden, Utah
(Street address, City, State)

My commission expires My Commission Expires Mar. 23, 19

(SEAL)

MAR 16 1953

14

297-215-01X-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 71812

Primary Registration District No. 2005

Registered No. 159

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank P. Kipp	FULL MAIDEN NAME	Luder Morgan
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	House mover	OCCUPATION	Housewife

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 12.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Dr. C. M. Kaley
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 8-16- 1919

John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-112 014-962

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Idaho St St.

Hospital — —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 71813

Primary Registration District No. 1005 Registered No. 158

FULL NAME OF CHILD Robert Lewis Finley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Chapman Finley	FULL MAIDEN NAME	Hazel Roberts
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Blaski Co, Mo.	BIRTHPLACE	Terrehaute, Indiana
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Montgomery

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Registrar

Filed 8/22 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1942

899-212-014-795

PLACE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 3 File No. 71814

Primary Registration District No. 2004 Registered No. 157

FULL NAME OF CHILD Charlotte Iverna Hirst

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 12, 191[illegible]

FATHER		MOTHER	
FULL NAME	Claude Hirst	FULL MAIDEN NAME	Phoebe Mary Presnell
RESIDENCE	Greenleaf Idaho	RESIDENCE	Greenleaf Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Dr. C. M. Kales, M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 8-16-1917 John L. Meyers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1943

613-119 — 014-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71815

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 1000 Registered No. 156

Hospital

FULL NAME OF CHILD BUD FLOYD WALRADT Walradt

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	2	yes	8 (Month) 19 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyde G. Walradt	FULL MAIDEN NAME	Grace Griffin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ridgeway Mo.	BIRTHPLACE	Menlo Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Grace M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id.

19

Filed 8-20-1919 John S. Meyer

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 71815

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Joy Floyd Walradt (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 9, 1919 (DATE OF EVENT),
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Bud Floyd Walradt

Subscribed and sworn to before me this 27th day of January, 19 43.

Grace Bistline

Notary Public, residing at Pocatello, Idaho

My commission expires August 3, 1945.

(SEAL)

Signed Mrs. Grace G. Walradt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

650 N. 10th St., Pocatello, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 43.

Grace Bistline

Notary Public, residing at Pocatello, Ida

My commission expires Aug. 3-1945

(SEAL)

Signed Mrs L. W. Shira
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

945 N Center Pocatello Ida,
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 1943

FEB 5 1943

NOV 20 1953

SEP 6

293-218014-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 71816

No. ..... St.

Primary Registration District No. 1005

Registered No. 155

Hospital .....

FULL NAME OF CHILD Virginia Dawn Silbaugh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	S		4	Yes	8 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas E Silbaugh	FULL MAIDEN NAME	Lila Caldwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bruston Mills W. Va	BIRTHPLACE	Albion Ida
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 [illegible] M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lee M D

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

..... 19....

Filed 8-20-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,)
) ss. AFFIDAVIT.
County of Canyon.)

HUGH N. CALDWELL, being first duly sworn, deposes and says:

That he is a citizen of the United States, over the age of twenty-one (21) years, and has resided in Caldwell, County of Canyon, State of Idaho, since the year 1910;

That he is the uncle of VIRGINIA DAWN SILBAUGH, whose birth certificate appears in the records of the Bureau of Vital Statistics in the State of Idaho, as Birth Certificate No. 71816; that she was born at Caldwell, Canyon County, Idaho, on August 8th, 1919; that her father's name was Charles E. Silbaugh, and that her mother's name was Lila Caldwell;

That affiant knows of his own knowledge, that the said child was named, and christened, Virginia Dawn Silbaugh.

Hugh N. Caldwell

SUBSCRIBED and sworn to before me this 7th day of August, 1943.

Notary Public for Idaho.
Residing at Caldwell, Idaho.
My Commission expires 11-22-45.

(SEAL).

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

719-225-031-243

PLACE OF BIRTH

Form V. S. No. 11—25m-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71817

County of Lewis

City of Peck

Registration District No. 93 File No.

No. St.

Primary Registration District No. 2371 Registered No.

Hospital

FULL NAME OF CHILD Geraldine Isobell Garner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Aug. 25 1919

FATHER		MOTHER	
FULL NAME	William Neri Garner	FULL MAIDEN NAME	Marta Buchholz
RESIDENCE	Peck, Idaho	RESIDENCE	Peck, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Lyle MD

(Physician or midwife)

Address Peck, Idaho

Given names added from a supplemental report.

.....19.....

Filed 8-25-19 19

J M Lyle Registrar

.....Registrar

S-Y CO. 24696

APR 1 0 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 493-[illegible]-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of

City of Peck R-1

No. St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 93

Primary Registration District No. 2371

File No. 71818

Registered No.

FULL NAME OF CHILD Lyle James Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	5	Yes	8-2-1919

FATHER		MOTHER	
FULL NAME	Sylvan Henry Miller	FULL MAIDEN NAME	Ida Florence Simon
RESIDENCE	Peck R-1	RESIDENCE	Peck R-1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Oreg.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 a M. on the date above stated.

(Signature) J. M. Lyle M. D.

(Physician or midwife)

Address Peck Ida

Filed 8-2 1919 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

Form V. S. No. 11—Rev-9-8-45

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Hospital Birth Certificate of Own Child, State of Washington, March 15, 1948 gives full name of father as Lyle James Miller, born Aug. 2, 1919 at Peck, Idaho - viewed by V.S. and Statement from Harold Oxwand, Principal of the Goldendale Public Schools, Goldendale Washington, states "According to our records Lyle James Miller was in attendance at Goldendale High School from September 1936 to June 1940. He was born August 2, 1919." - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 71818

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Miller (Name on Original Certificate) who born (Was Born or Died) on Aug. 2, 1919 (Date of Event)

in Peck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lyle James Miller

Subscribed and sworn to before me this 15th day of August, 1960

Frank E. Voorhees
Notary Public, residing at N. Bonneville, Wash.
My commission expires Apr 15th 1963
(Seal)

Signed Sylvan H. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.1.B. 308 Fundale Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of August, 1960

Marie E. Gasaway
Notary Public, residing at Camas Wash
My commission expires July 18, 1963
(Seal)

Signed Bessie Kimberling
(Signature of Any Credible Person)

1827 N E Everett Camas Wash
(Street Address, City, State)

FORM DH 60-155 CL 8-5-60. nm

NOV 29 1960

493-206-006-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71819

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116

File No. 9

Primary Registration District No. 2195

Registered No. 409

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rex Mitchell	FULL MAIDEN NAME	Minnie Killian
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida

Filed 8/6 1919 McKinnon

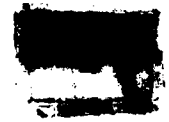
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

696-214-006-869

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

71820

Registration District No. 116

File No. 9

Primary Registration District No. 2195

Registered No. 410

FULL NAME OF CHILD Louisa Amelia Froese

Sex of Child Female

Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 14 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Gustav S. Froese	FULL MAIDEN NAME Freda Hosek
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Russia	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markcumsen M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 14 19 M. C. Markcumsen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

989-124006-256

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71821

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 411

FULL NAME OF CHILD Max Lee Christensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Aug 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Parley Christensen	FULL MAIDEN NAME	Ethel Alzina Snow
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D. (Physician or midwife)

Address Aberdeen Ida

Filed Aug 25 1919 M. C. Mackinnon Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

253-231-006-265

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-2-17

CERTIFICATE OF BIRTH

71822

Registration District No. 116 File No. .....

Primary Registration District No. 2155 Registered No. 412

FULL NAME OF CHILD Esther Becker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Aug. 31, 19

FATHER		MOTHER	
FULL NAME	Peter J Becker	FULL MAIDEN NAME	Anna Boese
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. McKinney M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1 19 19 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

8954241006-457

PLACE OF BIRTH

County of Buchanan

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

Registration District No. 116

File No. 71823

Primary Registration District No. 2185

Registered No. 408

FULL NAME OF CHILD Arnold Hiebert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 24 19

FATHER	MOTHER
FULL NAME Henry C. Hiebert	FULL MAIDEN NAME Anna Unrau
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Hiebert
Father of Child
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 8/13 19 19
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

846-113014-219

PLACE OF BIRTH

County of Canyon

City of Parma.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71824

Registration District No. 8 File No. .....

Primary Registration District No. 2007 Registered No. 57

FULL NAME OF CHILD Ray B. Huffman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7	yes	June 13 191 9

FATHER		MOTHER	
FULL NAME	Charles M. Huffman	FULL MAIDEN NAME	Bessie M. Barker
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Neb.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born ..... at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

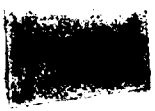
(Signature) D. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Parma, Ida.

Filed Sept. 20 1919 Lulu Waldrop
Registrar



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PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 71825

No. ..... St.

Primary Registration District No. 2007

Registered No. 58

Hospital .....

FULL NAME OF CHILD Fredrick Arnold Rekow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	yes	July 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Rekow	FULL MAIDEN NAME	Marie Dresser
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

Parma Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 29 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212·223·016-653

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71826

County of Canyon

City of Parma Precinct

Registration District No. 3

File No.

No. ..... St.

Primary Registration District No. 2007

Registered No. 59

Hospital

FULL NAME OF CHILD Barbara Jane Sabin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes.	July 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Sabin	FULL MAIDEN NAME	Blanche Welbourn
RESIDENCE	Parma R.2.	RESIDENCE	Parma R.2.
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	N. D.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed ~~Aug~~ Aug 15 1919 Lulu Waldrop

Registrar

S-Y-CO. 38071

DEC 2 2 1942

JUL 3 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-226-014-299

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 71827

Primary Registration District No. 2007 Registered No. 60

FULL NAME OF CHILD Helen Eileen Karn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	July 26 1919

FATHER	MOTHER
FULL NAME Edwin B Karn Jr.	FULL MAIDEN NAME Myrtle Briggs
RESIDENCE Parma RD	RESIDENCE Parma RD
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE S. D.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) H. M. Mitchell

(Physician or midwife)

Address Parma Ida.

Filed Sept 10 1919 Lulu Tealdrop
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

AUG 2 1 1942

319-201-014-813

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

Registration District No. 3

File No. 71828

No. _____ St.

Primary Registration District No. 2007

Registered No. 61

Hospital _____

FULL NAME OF CHILD Velda Carlock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—		—	yes.	8 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel K. Carlock	FULL MAIDEN NAME	Ophelia Hathaway
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Neb.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Sep 16 1919 Lulu Waldrop Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 17 1964

DECEASED

652-202-014-522

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 71829

No. ..... St.

Primary Registration District No. 2007

Registered No. 62

Hospital .....

FULL NAME OF CHILD Helen West

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	6	yes	Aug 7 1919

FATHER		MOTHER	
FULL NAME	Alfred West	FULL MAIDEN NAME	Ida Ekburg
RESIDENCE	Parma R.D.	RESIDENCE	Parma Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Findland	BIRTHPLACE	Findland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

Parma Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sep 10 1919 Lulu Haldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH

437-296-007-81

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71831

Registration District No. 21

File No. .....

Primary Registration District No. 2025

Registered No. 45

FULL NAME OF CHILD .....

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Raymond H McGary	FULL MAIDEN NAME	Alice Hale
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Blaine Co Idaho.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9:30 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

Gertrude Ellen McGary

W. C. Murphy
State Registrar

Address Carey Idaho

Filed Sept 10 1919 Robert H. Wright
Registrar

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

7183 f

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 45

Registration Dist. No. 21

Sex of Child Female

Date of Birth Sept 6 1919
(MONTH DAY YEAR)

Father Raymond A. McGary
(FULL NAME)

Mother Alice Hale
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Gertrude Ellen McGary
(GIVEN NAME IN FULL SURNAME)

as reported by Mildred McGary
(FATHER OR MOTHER)

Robert A. Wright
(LOCAL REGISTRAR)

OCT -4 1967

Form Vol. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71832

County of Blaine

City of Carey

No. 331-206.007-331 St.

Hospital

Registration District No. 21

File No.

Primary Registration District No. 2075

Registered No. 46

FULL NAME OF CHILD Alice Irene Clarke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Clarke	FULL MAIDEN NAME	Alice Clarke
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Alice Irene Clark 1920

W. C. Murphy
Registrar

Address Carey Idaho

Filed Sept. 10 1919

Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 208 Rev. 1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 46

Registration Dist. No. 21

Sex of Child Female

Date of Birth September 6, 1919
(MONTH DAY YEAR)

Father Joseph Clarke
(FULL NAME)

Mother Alice Clarke
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Alice Irene Clarke
(GIVEN NAME IN FULL) (SURNAME)

as reported by Joseph Clarke
(FATHER OR MOTHER)

Robert A. Wright
(LOCAL REGISTRAR)

MAY 4 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. 271-203-007-235 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2075

File No. 71833

Registered No. 47

FULL NAME OF CHILD Elsie Sparks

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Sept 3 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: W. Morgan Sparks

RESIDENCE: Carey

COLOR: W hite AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Blaine Co. Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rosina Stewart

RESIDENCE: Carey

COLOR: W hite AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:10 A.M. on the date above stated.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Address Carey, Ida.

Filed Sept 10 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Elsie Sparks 19

W. C. Murphy State Registrar

Form V. S. No. 27[illegible] 5m-1-17

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 47

Registration Dist. No. 57

Sex of Child Female

Date of Birth 9 (MONTH) 3 (DAY) 1919 (YEAR)

Father A. Morgan Sparke (FULL NAME)

Mother Rosina Stewart (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Elsie (GIVEN NAME IN FULL) Sparke (SURNAME)

as reported by A. Morgan Sparke (FATHER OR MOTHER)

Robert H. Wright (LOCAL REGISTRAR)

APR 28 1942

296-218-028-244

PLACE OF BIRTH

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 29 — File No. 71834

No. 607 St. — Primary Registration District No. 1050 — Registered No. 88

Hospital —

FULL NAME OF CHILD Winfred Edith, Brown.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	7 18 1919

FATHER		MOTHER	
FULL NAME	William O. Brown.	FULL MAIDEN NAME	Winfred E. Hoover
RESIDENCE		RESIDENCE	Rockisland, Ill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47. (Years)	AGE AT LAST BIRTHDAY	41. (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Ill.
OCCUPATION	Labor.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Dr Fred Bunbury

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Aug 20 19 19 Gus Nelson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...SPACE RESERVED FOR BINDING

SEP 18 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 44-1-04-028-759

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Worley

Registration District No. 29

File No. 71835

No. _____ St.

Primary Registration District No. 2050

Registered No. 89

Hospital _____

FULL NAME OF CHILD Richard Elton Twininga

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth July (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Richard Twininga	FULL MAIDEN NAME	Josie Germanson
RESIDENCE	Worley	RESIDENCE	Worley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	La Present Minn	BIRTHPLACE	Houston Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Twininga

X Father of child (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Worley Idaho

Filed Aug 20 1919 Gus Nelson Registrar

S-Y-CO. 38071

863-110-028-168

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No. 71836

No. ..... St. Primary Registration District No. 1050 Registered No. 90

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FULL NAME OF CHILD Albert Wm Robert Halsn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 10 1917

FATHER	MOTHER
FULL NAME Erick Halsn	FULL MAIDEN NAME Cristina Johnson
RESIDENCE Coeur D'Alene	RESIDENCE Coeur D'Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at ..... M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erick Halsn Father

(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 23 1917

Gus Nelsen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-218-028-463

PLACE OF BIRTH

Form V. S. No. 11-C--25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 29

File No. 71837

No. ____ St.

Primary Registration District No. 1030

Registered No. 91

Hospital ____

FULL NAME OF CHILD Eileen Gilbertson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Gilbertson	Maren Dalum
RESIDENCE	Coeur D Alene Idaho	Coeur D'Alene Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Norway	Norway
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) J O Byers

Physician (Physician or midwife)

Address Coeur d Alene Idaho

Filed Aug 27 19 19 Geo Nelson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 38071

OCT 1 3 1971

432-221-028-261

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71838

County of Kootenai

City of Coeur D'Alene

Registration District No. 29

File No.

No. St.

Primary Registration District No. 1050

Registered No. 92

Hospital Private Hospital

FULL NAME OF CHILD Mary Magdalena Eileen McKenna

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William F. McKenna	FULL MAIDEN NAME	Myrtle C. McKenna Swanson
RESIDENCE	Coeur D'Alene	RESIDENCE	Myrtle C. Swanson Coeur D'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jno Busby (Physician or midwife)

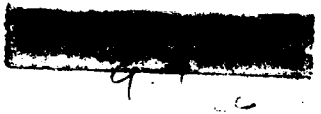
Given names added from a supplemental report.

Address Coeur D'Alene Idaho

19

Registrar

Filed Aug 27 1919 Gus Nelson Registrar



236-203-028-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 71839

Primary Registration District No. 2050 Registered No. 92

FULL NAME OF CHILD ~~Baby~~ ELSIE MAE Stokesberry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	other		4	Yes	Aug 3, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Stokesberry	FULL MAIDEN NAME	Genetta Thompson
RESIDENCE	Post Falls, Idaho	RESIDENCE	Post Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minnesota
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John P. Wood M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur D'Alene Ida

Filed Sept. 1 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO JUL 6 1943
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 71839

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Stokesberry (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 3, 1919 (DATE OF EVENT)
in Post Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Baby Stokesberry	Elsie Mae Stokesberry

Subscribed and sworn to before me this 3rd
day of July, 19 43
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
(SEAL)

Signed S. Genetta Stokesberry ✓
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
New Plymouth, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of July, 19 43
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945.
(SEAL)

Signed W. W. Stokesberry ✓
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
New Plymouth, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 8 1943

FEB 21 1956

294-214-028-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71840

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 93

Hospital

FULL NAME OF CHILD Marion Delana Brucher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	other		2	Yes	Aug 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Brucher	FULL MAIDEN NAME	Agnes Kelly
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Good, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Ida

Filed Sept. 1 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1944

693-220-028-978

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. 1301 2nd St.

Hospital Home

Registration District No. 29

File No. 71841

Primary Registration District No. 1050

Registered No. 94

FULL NAME OF CHILD Hazel Alcinda Wilbur.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
girl		9th	Yes	Aug 20 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Frank Alby Wilbur.	FULL MAIDEN NAME: Helia May Payne. Wilbur
RESIDENCE: 1301-2nd St. Coeur D'Alene	RESIDENCE: 1301-2nd St. Coeur D'Alene
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Akron Michigan.	BIRTHPLACE: Salem Oregon
OCCUPATION: Log Scaler.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Aug 20th 1919, at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Bunday M.D.

Aug 20th 1919 (Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept. 1 1919 Gus Nelson
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-224-038-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 71842

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 29

Primary Registration District No. 1030

File No. .....

Registered No. 95

FULL NAME OF CHILD Anna Woldeit

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	August 24th 1919

FATHER	MOTHER
FULL NAME: Alexander Woldeit	FULL MAIDEN NAME: Karoline Freiter
RESIDENCE: Coeur d'Alene	RESIDENCE: Coeur d' Alene
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 60 (Years)	AGE AT LAST BIRTHDAY: 47 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Russian Poland
OCCUPATION: Millworker	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 12.30 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Louis H. Most

Physician (Physician or midwife)

Address Coeur d'Alene, Idaho

Filed Sept 1 19 19 Gus Nelson Registrar

JUL 24 1967

864-108-028-212

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1133 – 6th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 1050

File No. 71843

Register No. 96

FULL NAME OF CHILD Charles Lyman Horner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	Sept	8	1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Agusta Horner	Nora Irene Babbitt
RESIDENCE	1133 – 6th St C D A	1123 – 6th St C D A
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	19
BIRTHPLACE	Michigan	Coeur d' Alene, Ida
OCCUPATION	Painter	Housewife -

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. H. Thurston

(Physician or midwife)

Address Coeur d' Alene

Filed Sept 9 1919

Registrar

AUG 2 2 1945

SEP 7

SEP 6 1961

817-231-028-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 29

File No. 71844

Primary Registration District No. 1050

Registered No. 97

FULL NAME OF CHILD Virginia Marie Haglund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack E. Haglund	FULL MAIDEN NAME	Anna T. Johnson
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wisconsin.
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Dwyer, By Ismay Hubble

Physician - Clerk (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene, Idaho

Filed Sept. 9 1919 [illegible] Nelson

Registrar

Registrar

S-Y-CO 38071

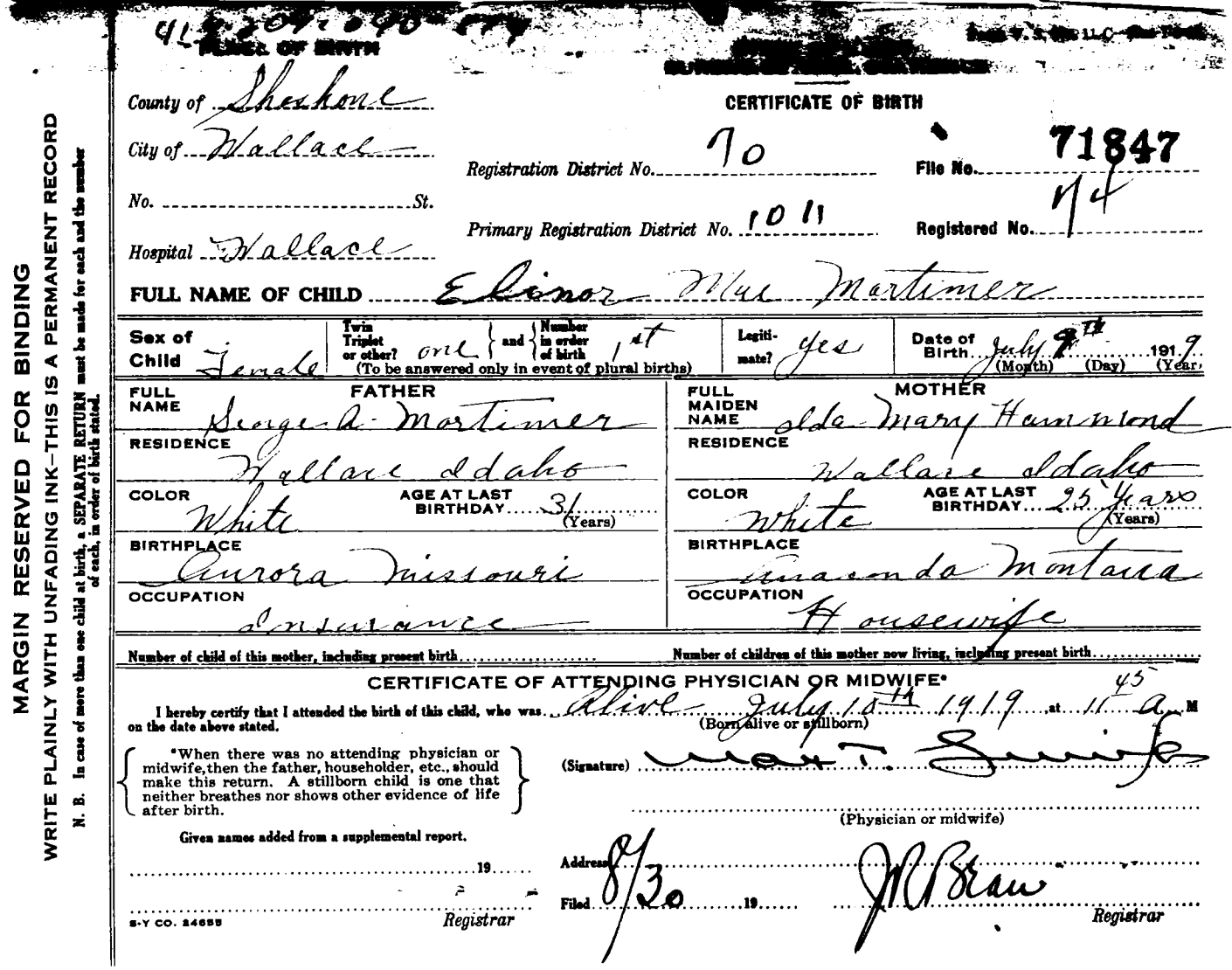
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1987

FEB 23 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

CERTIFICATE OF BIRTH

Registration District No. 70

File No. 71847

Primary Registration District No. 1011

Registered No. 74

FULL NAME OF CHILD Elinor Mae Mortimer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	one	1st	yes	July 9th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George A. Mortimer	FULL MAIDEN NAME	Ida Mary Hammond
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 Years (Years)
BIRTHPLACE	Aurora Missouri	BIRTHPLACE	Anaconda Montana
OCCUPATION	Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive July 10th 1919 at 11 45 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max T. Swift

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 8/30

Filed 8/30 19.....

J R Brau

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 71847

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

Change spelling to

for Elinor Eleanor Mae Mortimer (Name on original certificate) who born (Was born or died) on July 9, 1900 (Date of event),

in Wallace, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Christening certif. (Bible record, insurance policy, etc.) prepared on Approx. end of July, 1900 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	July 10, 1919	July 9, 1919

Subscribed and sworn to before me this 28th day of October, 19 41.

Notary Public, residing at San Diego

My commission expires Sept. 24, 1944

[SEAL]

Signed Ida M. Mortimer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4030 Highland Ave., San Diego, Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1941.

Notary Public, residing at San Diego, Calif.

My commission expires Sept. 24, 1944

[SEAL]

Signed Emma L. Fisher
(Signature of any credible person other than the previous affiant.)

4030 Highland Ave., San Diego, Ca
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1571848

County of Shoshone

City of Wallace

Registration District No. 10

File No.

No. ____ St.

Primary Registration District No. 10 11

Registered No.

Hospital Wallace

FULL NAME OF CHILD Ernest Edwin Graedinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	one		yes	Aug. 1 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Ernest George Graedinger	FULL MAIDEN NAME: Alice Gertrude Griffin
RESIDENCE: Wallace, Idaho	RESIDENCE: Wallace, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Montreal, Canada	BIRTHPLACE: Elmvale Ont. Can.
OCCUPATION: Mining Engineer	OCCUPATION: House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Registrar

Address 8/30

Filed ....., 19.....

[signature] Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1 1973

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

718

JUL 1 6 1973

DECEASED

Form V. S. No. 11-C—25m-5-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

295-106-140-413

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

File No. 16

Primary Registration District No. 1011

Registered No. 71849

FULL NAME OF CHILD George David Sinclair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo D Sinclair	FULL MAIDEN NAME	Isabell Doll
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Blacksmith	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address 8/10 19 9

Filed 8/10 19 9

J R Bean Registrar

745-218-040-713

PLACE OF BIRTH

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71850

County of Shoshone

City of Wardner, Idaho

No. Gen'l Del. St.

Hospital Wallace

Registration District No. 70

File No.

Primary Registration District No. 10-11

Registered No.

FULL NAME OF CHILD Mary Evelyn Gunderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug - 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gunderson	FULL MAIDEN NAME	Eva Patterson
RESIDENCE	Wardner, Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	U. Dakota	BIRTHPLACE	Osborne, Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ronald C. Tuson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 8/20 1919

J R Bean

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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FEB 12 1943

MAR 18 1964

291-218-040-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Idaho — Registration District No. 10 — File No. 1851

No. 716 Pearl St. — Primary Registration District No. 10 11 — Registered No.

Hospital Wallace

FULL NAME OF CHILD Mary Margaret Brang

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 18 1919

FATHER	MOTHER
FULL NAME Elfred Brang	FULL MAIDEN NAME Mary London
RESIDENCE 716 Pearl St. Wallace Idaho	RESIDENCE 716 Pearl St. Wallace, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ithica New York	BIRTHPLACE Ozeola, Mich
OCCUPATION Mining Engineer	OCCUPATION House wife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....

Filed 8/30 19 9 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D 8.

MAY 28 1942

653-124-040-363

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71752

Registration District No. 10 File No. 14

Primary Registration District No. 1011 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 24 (Month) 1919 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael E Welch	FULL MAIDEN NAME	Catherine Foley
RESIDENCE	Burke Idaho	RESIDENCE	Burke Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Boom Iowa	BIRTHPLACE	Emmett Mich.
OCCUPATION	Mine Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank C Hanson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8/30 19.....

J M Bran
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-227-040-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71853

Registration District No. 10 File No. 83

Primary Registration District No. 10 11 Registered No. .....

FULL NAME OF CHILD Helen Kirchan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	~~[illegible]~~		~~[illegible]~~	yes	Aug. 27th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Kirchan	FULL MAIDEN NAME	Ruth Storms
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 years (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denver Colorado	BIRTHPLACE	Black river Mich.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas C. Hanson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 87

Filed 8/30 1919

J. R. Brown Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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JAN 9 1964

DEC 21 1942

Form V. S. No. 11-O—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

365-~~13~~ 40-262

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71854

Registration District No. 70

File No. 81

Primary Registration District No. 1011

Registered No. .....

FULL NAME OF CHILD Philip Ignatius Conley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 30 1919

FATHER		MOTHER	
FULL NAME	Philip J. Conley	FULL MAIDEN NAME	Alberta Bosley
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Pa	BIRTHPLACE	Tex
OCCUPATION	Clerk	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/30 1919

J R Bean
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 71854

Date Filed APR [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR ~~DEATH~~)

for Philip Ignatius Conley (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN ~~OR DIED~~) on Aug 20 - 1919 (DATE OF EVENT)

in Wallace, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 15-1930. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Philip Ignatius Connolly	Philip Ignatius Conley
father's name	Philip J. Connelly	Philip J. Conley

Subscribed and sworn to before me this 10th day of April, 1942.

Elsie M. Ryan

Notary Public, residing at Wallace Idaho

My commission expires 2/4/45 (SEAL)

Signed Philip J. Conley (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

308 2nd St., Wallace Idaho. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1942.

Elsie M. Ryan

Notary Public, residing at Wallace Idaho

My commission expires 2/4/45 (SEAL)

Signed A. J. Murphy (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

207 Bank St. Wallace, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-126-042-349

Form V. S. No. 11—25m-9-8-15

STATE
BUREAU OF ... STICS

CERTIFICATE OF BIRTH

71855

County of Butte

City of Howe

Registration District No. 59

File No.

No. ..... St.

Primary Registration District No. 2129

Registered No.

Hospital

FULL NAME OF CHILD James Anton Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin Rasom Brown	FULL MAIDEN NAME	Mary L Turnbull
RESIDENCE	Howe, Idaho	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	St Joe Mo	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Laborer farm	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary L. Perkins

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

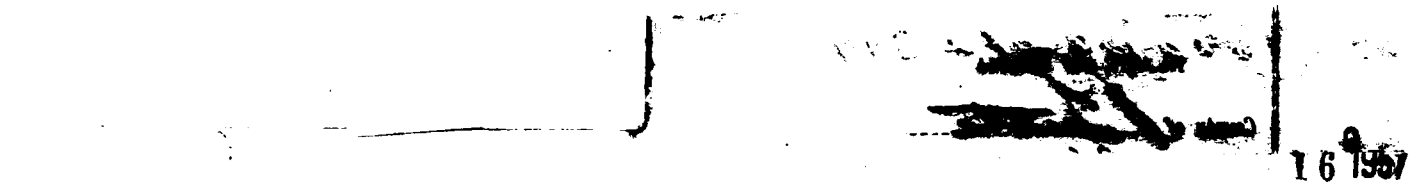
Address Howe, Idaho

Filed 9-10 1919

Registrar

Registrar

S-Y-CO. 38071


16 1957

291-122-012-165

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 71856

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Doyle Brake

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	8 22 19

FATHER		MOTHER	
FULL NAME	Huron L. Brake	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Buckhannon, West Va	BIRTHPLACE	Park City Utah
OCCUPATION	Farming	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

(Signature) Dr D. P. Patterson

(Physician or midwife)

Address Arco Idaho

Filed 8/31 1919

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1943

154-107-012-792

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 71857

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD ANDREW JOHN Andersen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9-7-19

FATHER	MOTHER
FULL NAME Lorin Waldemar Andersen	FULL MAIDEN NAME Wealthy Gibbons
RESIDENCE Arco, Idaho	RESIDENCE Arco, Idaho
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mendon, Utah	BIRTHPLACE Ogden Utah
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1230 P. M. on the date above stated.

(Signature) E W Fox

Physician (Physician or midwife)

Address Arco, Idaho

Filed 9-7- 1919 E W Fox

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-72079

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Lane }

Certificate No. 71857
Date Filed APR 3 3 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Andrew John Andersen (Name on Original Certificate) who Born (Was Born or Died) on Sept 7, 1919 (Date of Event) in Arco Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Andrew John Andersen

Subscribed and sworn to before me this 23rd day of March, 1942

Lillian Durr
Notary Public, residing at Eugene-Oregon
My commission expires 11-25-45
(Seal)

Signed Wealthy Andersen (Mrs H. W. Andersen) Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Klamath }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1942

R C Dale
Notary Public, residing at Klamath Falls, Ore.
My commission expires July 6, 1945
(Seal)

Signed (Mae) Larson Mrs. W. S. Larson Sister
(Signature of Any Credible Person Other Than Previous Year)

1124 California Ave
(Street Address, City, State)
Klamath Falls, Oreg.

NOV 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Burke

691-709-040-945

No. ..... St.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

No. 11-S—20M 9-8-15

CERTIFICATE OF BIRTH

7185

Registration District No. 122

File No. .....

Primary Registration District No. 2200

Registered No. 139

Hospital .....

FULL NAME OF CHILD ~~Alfred Herman~~ Frank - Fred Frank

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	~~Sept~~ 9 1914

	FATHER	MOTHER
FULL NAME	Angelo Frank	Virginia Zueck
RESIDENCE	Burke Ida	Burke Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Austria	Wyoming
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Filed Sept 9 1914 H C Mowery

S-Y-CO 38071 Registrar

Registrar

DRS. MOWERY & MOWERY
PHYSICIANS & SURGEONS
WALLACE BANK & TRUST BUILDING
WALLACE, IDAHO

September 20, 1939

RE[illegible]
SEP 23 19[illegible]

Bureau of Vital Statistics
Boise, Idaho

To whom it may concern---

This is to certify that this is a correct birth certificate Fred Frank. The dates and hour are bonified and should be filed instead of the one which you have already have.

Respectfully submitted

H. O. Mowery

Dr. H. O. Mowery

691-122-040-[illegible]

71858

1. PLACE OF B[illegible]

County of Shoshon[illegible]

City of Burke, [illegible]

No. [illegible]

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fred Frank

3. Sex M	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Nov. 22, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Angelo Frank	18. Full maiden name Virginia ~~Seward~~ Sneck
10. Residence (usual place of abode) (If non-resident, give place and State) Burke	19. Residence (usual place of abode) (If non-resident, give place and State) Burke
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Austria	22. Birthplace (city or place) (State or Country) Rock Springs Wyoming
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hsf.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 1170

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7:00 p m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible], M. D.

or [illegible], Midwife

Give name added from a supplemental report .....

(Date of) .....

Registrar

Address [illegible]

Filed ....., 19.. [illegible]

SEP 23 1919

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

814-116-010-494

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 127

Primary Registration District No. 7200

File No. 71859

Registered No. 131

FULL NAME OF CHILD Earl Frederick Hamilton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 16 1914

	FATHER	MOTHER
FULL NAME	Fred Stanley Hamilton	FULL MAIDEN NAME Edith Drury
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	39	19
BIRTHPLACE	Mich.	BIRTHPLACE Wash.
OCCUPATION	Timber mgr	OCCUPATION Housework

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace Idaho

Filed Aug 21 19 14 H. C. Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

11-25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

C193-[redacted]

PLA[redacted]

County of Shoshone

CERTIFICATE OF BIRTH

71860

City of Mace

Registration District No. 122

File No.

No. , St.

Primary Registration District No. 2200

Registered No. 132

Hospital

FULL NAME OF CHILD Ronald Thomas Miller

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	One (To be answered only in event of plural births)		Yes	Aug (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dale Miller	FULL MAIDEN NAME	Mae Dunphy
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Burke Ida	BIRTHPLACE	B.C.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Given name added from a supplemental report

Address Burke Ida

, 19

Filed Aug 14 1919 H. C. Mowery

Registrar

Registrar

S-Y CO., 16669

K

[redacted]

FEB 21 1942

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319.227.040-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 122 File No. 71861

No. ..... St.

Primary Registration District No. 2206 Registered No. 133

Hospital .....

FULL NAME OF CHILD Marie Caroline Carlstedt

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Aug 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Axel Carlstedt	Erna Fiett
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	23
BIRTHPLACE	Sweden	Minn.
OCCUPATION	Tailor	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Filed Sept 1 1919 H. C. Mowery

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

APR 12 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

868-128-040-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71862

County of Shoshone

City of Mace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 134

Hospital

FULL NAME OF CHILD Leo Kenneth Hahn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 28 1919

FATHER		MOTHER	
FULL NAME	Stephen Joseph Hahn	FULL MAIDEN NAME	Dora Alice Dodd
RESIDENCE	Mace Ida	RESIDENCE	Mace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mo.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 P. M. on the date above stated.

(Signature) L. B. Stocksleger

(Physician or midwife)

Address

Filed Sept 6 1919 H. C. Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

5-Y-CO 38071

DEC 10 1942

2 - HOHN

dup of 1919-298093

216-202-040-219

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 71863

Primary Registration District No. 2200 Registered No. 135

FULL NAME OF CHILD MARY MARGARET SAFFORD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Sept 2 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Jackson Safford	FULL MAIDEN NAME	Fern Barton
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ida
OCCUPATION	Millman	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

(Physician or midwife)

Address Wallace Ida

Filed Sept 4 19 19 H. C. Mowery

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Shoshone } ss.
County of State Idaho }

Certificate No. 71863

Date Filed 1/21/43

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Mary Margaret Safford (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on Sept 2nd (DATE OF EVENT)
in Mullan Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 2 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Mary Margaret Safford

Subscribed and sworn to before me this 17th day of March, 19 43

Notary Public, residing at Spokane

My commission expires July 10 - 1944
(SEAL)

Signed Fern M Safford
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Irvin Carvil
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

418 E 1st Ave
(STREET ADDRESS, CITY, STATE)
Spokane Wn

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 20 1943

APR 16 1945

231-203-042 395

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

71864

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 136

Hospital

FULL NAME OF CHILD BETTY JOAN STANLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Frederick Stanley	Zella Lindsay
RESIDENCE	Wallace	Wallace
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Idaho	Wash.
OCCUPATION	Printer	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Mowery
Physician
(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

.....19.....

Filed Sept 5 19 19 H C Mowery
Registrar

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 71864

County of Los Angeles Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Betty Joan Stanley (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1919 (Date of Event)

in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Bible Record, Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Betty Joan Stanley

Subscribed and sworn to before me this 10th day of September, 1944

Horace B. Wright

Notary Public, residing at Los Angeles

My commission expires My Commission Expires March 2, 1946.

(Seal)

NOTARY PUBLIC and for the County of Los Angeles State of California

Signed Arthur F. Stanley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2409 W 81 St., Inglewood, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 14 1942

335.207040-921

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71865

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200. Registered No. 137

Hospital

FULL NAME OF CHILD Melba Clemens

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 7 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Clemens	Ellen Isaacson
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	California	Finland
OCCUPATION	Cook	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Sept 8 1914 A C Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

S-Y CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-107-040-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71866

File No.

No. St.

Primary Registration District No. 2200

Registered No. 138

Hospital Providence

FULL NAME OF CHILD ~~Wallace~~ John Donald Knudson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 7 1919

	FATHER	MOTHER
FULL NAME	John Knudson	Anna Madsen
RESIDENCE	Kellogg Ida	Kellogg, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Norway	Wisconsin
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7P M. on the date above stated.

(Signature) D. C. Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Sept 8 1919 H. C. Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH
25-L02-031-884
County of Lewis
City of Winchester

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 71867

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Floyd Francis Beatz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 2nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Francis Beatz	FULL MAIDEN NAME	Emma Hyder Beatz
RESIDENCE	Winchester Idaho	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Tennessee
OCCUPATION	Accountant	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or still born) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R Kelly MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed June 7 1919 _____ Registrar

S-Y CO. 246856

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUN 2 8 1942

195-211-040-551

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH 71868

Registration District No. 123 File No. 31

Primary Registration District No. 1201 Registered No. _____

Full Name of Child Marjorie Maria Arnold

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Aug 11 1919

FATHER

FULL NAME Harry Arnold

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Hoist Man

MOTHER

FULL MAIDEN NAME Maude Nearing

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE B. C.

OCCUPATION House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S Parker

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 12 1919 Geo S Parker Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

713112-040-249

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71869**

Registration District No. 123 File No. 32

Primary Registration District No. 2201 Registered No. _____

Full Name of Child Albert Charles Patterson

SEX OF CHILD Male	Twin Triplet or other? Twin and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Patterson	FULL MAIDEN NAME	Myrtle Smith
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Wyoming
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Lesher

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Kellogg

Filed 8/14 1919 Geo. S. Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1952

713-212-040-493

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 71870

Registration District No. 1713 File No. 35

Primary Registration District No. 7701 Registered No. ____

Full Name of Child Alleene Myrtle Patterson

SEX OF CHILD: Female | Twin, Triplet or other? Twin | and | Number in order of birth 2 | Legitimate? Yes | DATE OF BIRTH: Aug 12 1919
(To be answered only in event of plural births)
(Month) (Day) (Year)

FATHER

FULL NAME: Claos Patterson

RESIDENCE: Kellogg

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Oklahoma

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Myrtle Miller

RESIDENCE: Kellogg

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Wyoming

OCCUPATION: Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-25 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Lasher (Physician or ~~midwife~~)

Address Kellogg

Filed 8/14 1919 Geo S Lasher Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-220-040-412

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

71871

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 34

Primary Registration District No. 2201 Registered No. _____

Full Name of Child Sylvia Jane Shuck

SEX OF CHILD F.	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Shuck	FULL MAIDEN NAME	Bertha Musser
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White AGE AT LAST BIRTHDAY 19 (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Mill Man	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S Lesher

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Kellogg

Registrar

Filed 8/20 1919 Geo S Lesher

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349113.040-796

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71872

Registration District No. 123 File No. 35

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Delmar Lee Turley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	Aug 12 1919

FATHER		MOTHER	
FULL NAME	Steve Turley	FULL MAIDEN NAME	Olive Grosse
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mill Mass	BIRTHPLACE	Germany.
OCCUPATION	Okla.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.15 A. M. on the date above stated.

(Signature) G. A. Mason

(Physician or midwife)

Address .....

Filed 8/27 1919 Geo. S. Fesler
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

154·1 M2·040-554

PLACE OF BIRTH

Form V. S. No. 1—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71873

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 36

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD David Monroe Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	yes	7 2 1919

FATHER		MOTHER	
FULL NAME	Spain Anderson	FULL MAIDEN NAME	Vernice Endicott
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Oregon
OCCUPATION	Black Smith	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/27 1919 Geo. S. Lesher

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 71873

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Monroe David Anderson (Name on Original Certificate) who was born (Was Born or Died) on July 2,1919 (Date of Event)
in Kellogg,Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family Bible (Bible Record, Insurance Policy, Etc.) prepared on July 2,1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Monroe David Anderson	David Monroe Anderson
Birth Date	July 3, 1919	July 2, 1919

Subscribed and sworn to before me this 13
day of April, 1945

Notary Public, residing at Seattle

My commission expires Dec. 11,1938
(Seal)

Signed Vernice Anderson
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2130 Madison Way
East Park, (See Instructions) Bremerton, Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Emma Endicott
(Signature of Any Credible Person)

Tenalquest, Washington
(Street Address, City, State)

APR 1 9 1945

215-210-040-249

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71875

County of Shoshone

City of Enaville

Registration District No. 123 File No. 38

No. ..... St.

Primary Registration District No. 7701 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Genevieve~~ BLANCH ROSE Banta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	3	Yes	Aug (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred L Banta	FULL MAIDEN NAME	Annetta Smiley
RESIDENCE	Enaville Idaho	RESIDENCE	Enaville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minnesota
OCCUPATION	Lumber jack	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Kellogg Idaho

Registrar

Filed 8/27 1919 Geo. O Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Lane } ss.

Certificate No. 71875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1919 (Date of Event)
in Enaville, Shoshone Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on June 3, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Blanch Rose Banta

Subscribed and sworn to before me this 3rd
day of June, 19 43

F. B. Hamlin

Notary Public, residing at Springfield, Oregon.

My commission expires Sept. 1, 1943
(Seal)

Signed Annetta Jane Banta Scalf
(Signature of parent or ~~attendant if correcting a birth record, or attendant, funeral director, informant if correcting death record, or other credible person~~) Mother.

511 Main St. Springfield, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 9 1943

819.225.040231

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71876

County of Shoshone

City of Kingston

Registration District No. 123 File No. 39

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital ..... Marjorie Sieve

FULL NAME OF CHILD ~~[illegible]~~ Harrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	4	Yes	July 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Harrington	FULL MAIDEN NAME	Bernice Blackmore
RESIDENCE	Kingston	RESIDENCE	Kingston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kellogg Idaho

..... 19 .....

Registrar

Filed 8/27 1919 Geo. S. Fisher

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1944

55-204-040-669

PLACE OF BIRTH AMENDED - 5/19/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Registration District No. 123 File No. 71877

Hospital ____ Primary Registration District No. 2201 Registered No. 40

FULL NAME OF CHILD Ruth Helen Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 4, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Evans	FULL MAIDEN NAME	Della Fortner
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician
(Physician or midwife)

Address Kellogg, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 8/27/19 ~~19~~ George S. Lesher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 71877

County of Shoshone } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ruth Helen Evans (Name on Original Certificate) who was born (Was Born or Died) on Aug 4 1919 (Date of Event)

in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ruth Helen Evans

Subscribed and sworn to before me this 8 day of June, 1945

T P Woodward

Notary Public, residing at Kellogg

My commission expires Feb 8/1948

(Seal)

Signed Mrs. Della Evans, Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 788 Kellogg Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Shoshone }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1945

T P Woodward

Notary Public, residing at Kellogg Ida

My commission expires Feb 8/1948

(Seal)

Signed Naydeen K. Taylor (Mrs Paul Taylor)

(Signature of Any Credible Person Other Than Previous Year)

111 S. Elm Kellogg Idaho

(Street Address, City, State)

551-204-040-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

71877

Registration District No. 123 File No. 40

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Della Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	3	Yes	Aug (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Evans	FULL MAIDEN NAME	Della Fortier
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay Jr. Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 8/27 1919 Geo. S. Lesher Registrar

Registrar

MAY 22 1957

JUL 8 1965

243-224-040-168

PLACE OF BIRTH

County of Shoshone

Amended 10/28/75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

71878

City of Kellogg

Registration District No. 123

File No. 41

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gail Carleen Buchanan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	4	Yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl J Buchanan	FULL MAIDEN NAME	Gail Johnson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg Idaho

Registrar

Filed 8/27 1919 Geo. S. Lesher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-19-75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 14 3 22 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71878

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bucannan (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1919 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bank Book (Baby) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	unnamed Bucannan	Gail Carleen Buchanan
Last name of father	Bucannan	Buchanan

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Trinity }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
August, 1975

Signed Barbara B. Talvola
(Signature of Any Credible Person)

P.O. Box 167
(Street Address, City, State)
Junction City, Calif. 96048

Notary Public, residing at Weaverville, Ca.
My commission expires 12-28-77
(Seal)

FORM DH 60-155 1 copy pd Rec. # 15731 fc (B) Correction corresp. Over

OCT 2 9 1975

A-sister's certificate, Barbara Beryl Buchanan gives name of father as J. Carl Buchanan, with Sir Name spelled correctly. Barbara born Feb. 22, 1913 in Kellogg, Idaho to J. Carl Buchanan and Gail Johnson. Certificate # 31561. Viewed by V.S.

Baby Book gives name as Gail Carleen Buchanan ~~xxx~~ born July 24, 1919 at 1 PM viewed by V. S.

Own son's birth certif on file in Idaho (322026) gives child's name as James Albert Allen born Sept. 15, 1941 at Boise, Idaho. father's ~~x~~ name given as Keith Albert Allen and mother's name as Gale Carleen Buchanan. viewedby V. S.

Son s baby book (James Albert Allen) gives father's name as Keith Albert Allen and mother's name as Gail Carleen Buchanan Allen. born Sept 15, viewd by V. S.

OFFICIAL SEAL
RICHARD J. ANGELL
NOTARY PUBLIC - CALIFORNIA
TRINITY COUNTY
My Comm. Expires Nov. 26, 1977

355 20410 40-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15.

CERTIFICATE OF BIRTH

71879

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

Registration District No. 173

Primary Registration District No. 7701

File No. 42

Registered No. ____

FULL NAME OF CHILD Betty Annabelle Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female	--	and	--	Yes	May (Month) 4 (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: James Ruby Lee	FULL MAIDEN NAME: Lily Pearl Cannon
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Asheville, N. C.	BIRTHPLACE: Weaverville, N. C.
OCCUPATION: Miner-shift boss	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A M. on the date above stated.

(Signature) Alex. McCrachin

M.D.
(Physician or midwife)

Address Kellogg

Filed 9/7 1919 Geo. S. Losher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 71879

JUL

Date Filed June 8, 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Annabelle	Betty Annabelle Lee
Betty	Annabelle	

Subscribed and sworn to before me this 23rd day of July, 1942

Stella Brown

Notary Public, residing at Kellogg, Idaho.

My commission expires Apr. 13, 1944

(Seal)

Signed Mrs. J. R. Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

505 e d'a. Ave. Coeur d'Alene Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 1942.

Stella Brown

Notary Public, residing at Kellogg, Idaho.

My commission expires Apr. 13, 1944

(Seal)

Signed Mrs Rose White

(Signature of Any Credible Person Other Than Previous Year)

12-E-Portland

(Street Address, City, State)

Kellogg, Idaho.

AUG 10

433-125-040-436

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71880

County of Shoshone

City of Kellogg

No. _____ St.

Hospital Wardner

Registration District No. 123 File No. 43

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD John Paul Mc Crackin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		--	Yes	March 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander David Mc Crackin	FULL MAIDEN NAME	Florence Audrey Mc Farland
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	~~26~~ 27 (Years)
BIRTHPLACE	Fairfield, Iowa	BIRTHPLACE	Columbus, Neb.
OCCUPATION	Physician	OCCUPATION	House-wife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrackin

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Address Kellogg

Filed 9/7 1919 Geo. S Lesher
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 19[illegible]

JAN 9 1975

115-208-040-411

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71885

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 48

No. Deadwood Gulch St.

Primary Registration District No. 2201 Registered No.

Hospital

FULL NAME OF CHILD Wilja Jantti

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	--		--	Yes	Jan. 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Jantti	FULL MAIDEN NAME	Hulda Maria Maata
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth nine Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

(Signature) Alex. D. McCrachin

M. D.
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kellogg

Filed 9/7 1919 Geo S Lesher Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-104-040-914

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71886

County of Shoshone

City of Kellogg

Registration District No. 1 X 3 File No. 49

No. Railroad Ave. St.

Primary Registration District No. X X 0 1 Registered No.

Hospital

FULL NAME OF CHILD Samuel Lusich

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		--	Yes	Apr. 4 (Month) (Day) 191 9 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nick Lusich	FULL MAIDEN NAME	Mary Radmanovich
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Serbia	BIRTHPLACE	Serbia
OCCUPATION	Smelter-man	OCCUPATION	House-wife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

(Signature) Alex McCrachin

M. D.
(Physician or midwife)

Address Kellogg

Filed 9/7 19 19 Geo. S. Lesher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

• WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-251582

267217-009-436

[redacted]E OF BIRTH

[redacted]mner

[redacted]andpoint

No. 132 St. Clair St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71887

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Beryl Olive Soper

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1st (To be answered only in event of plural births)	yes	Aug (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred Soper	FULL MAIDEN NAME	Cecil McFadden
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas City Kan	BIRTHPLACE	Pedro-Hooley Wash
OCCUPATION	Creamery Man	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Idaho

Filed 9-10 1919

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/25/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-223.009-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71888

County of Bonner Co.

City of .....

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. .....

Registered No. .....

FULL NAME OF CHILD Lily Viola Berg ~~Berger~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	7 23 1919

FATHER		MOTHER	
FULL NAME	Edward Berg.	FULL MAIDEN NAME	Betty Carlson
RESIDENCE	R F D. #1 (Selle)	RESIDENCE	R.F.D. #1 (Selle)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Rancher	OCCUPATION	Hwf

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed 9-10 1919

FLOYD G. WENDLE
Registrar

..... Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 30 1966
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No. 71888

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Berg (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1919 (Date of Event)
in Bonner County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Attendance at Birth prepared on July 23, 1919 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lily Viola Berg

Subscribed and sworn to before me this 19th day of March, 1966.
Kathryn Anderson
Notary Public, residing at Sandpoint, Idaho
My commission expires 4-16-68
(Seal)

Signed Mrs. Elsie Carlson Berg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#1 Box 271 Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1966.
Kathryn Anderson
Notary Public, residing at Sandpoint, Idaho
My commission expires 4-16-68
(Seal)

Signed Elsie Carlson Berg
(Signature of Any Credible Person)
R#1 Box 271 Sandpoint, Ida
(Street Address, City, State)

FORM DH 60-155

CL 3-16-66. one copy pd. rec. #7989.

Certificate of Baptism, Ev. Lutheran Church, gives full name of child as Lilly Viola Berg, born July 23, 1919 to Edward Berg and Betsy Berg - viewed by V.S.

APR 13 19[illegible]

Statement from Mike Lamanna, Asst. Supt., Bonner County School Dist. No. 82, Sandpoint, Idaho dated March 23, 1966 states Lily Viola Berg is listed as being 8 years of age on Sept. 2, 1927, Tuesday, parents are listed as Mrs. Ed. Berg - viewed by V.S.

381-221-009--362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71889

County of Bonner Co.

City of Algoma P.O. Sage

Registration District No. 78

File No.

No. St.

Primary Registration District No. 2155

Registered No.

Hospital

FULL NAME OF CHILD Lora P. Chandak

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	7 21 1919 1:15 PM

FATHER		MOTHER	
FULL NAME	Joseph Chandak	FULL MAIDEN NAME	Annie Cossavella
RESIDENCE	Algoma	RESIDENCE	Algoma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Austria	BIRTHPLACE	Italy
OCCUPATION	Section Foreman N.P.	OCCUPATION	HWF

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

MD (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint

..... 19.....

Filed 9-10 1919

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 11 8 37 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 71889

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Chandak (female) (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1919 (Date of Event) in Algoma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child:s name	Unnamed	Lora P. Chandak

Subscribed and sworn to before me this 29th day of Dec., 1974

Notary Public, residing at Butte, Mont.

My commission expires 4/6/76

(Seal)

X

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

204 Silver Bow Home Butte Mont

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of December, 1974

Notary Public, residing at Butte, Montana

My commission expires 4/6/76

(Seal)

Signed Mrs. Aldo Favero (Signature of Any Credible Person)

3000 Floral Blvd

(Street Address, City, State)

Butte, Montana

FORM DH 60-15A CL 12/16/74 nm

MAR 11 1975

Diploma from Butte Publice High School gives name asLora Pauline Chandak dated May 28, 1937. viewed by V. S.

Insurance policy from Metropolitan Life Insurance Policy ~~fxm~~ gives name as Lora P Chandak. dated Dec. 1, 1937. viewed by V. S.

655.114.009-448

PLACE OF BIRTH

Form No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71890

County of Bonner

City of Sandpoint

No. 915 Main St.

Hospital

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD GILBERT Wendt

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gust Wendt	FULL MAIDEN NAME	Catherine Muhr
RESIDENCE	915 Main St. Sandpoint Ida	RESIDENCE	915 Main St. Sandpoint Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife ~~Domestic~~

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint

19

Filed 9-10 1919

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 71890
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Gilbert Wendt (Name on original certificate) who Born (Was born or died) on Aug. 14th. 1919 (Date of event)

in Sandpoint Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy # 17344664 (Bible record, insurance policy, etc.) prepared on 3rd Day of May 1940 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wendt	Gilbert Wendt

Subscribed and sworn to before me this 26th. day of November, 1941

Notary Public, residing at

My commission expires

[SEAL]

Signed Just Wendt Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sandpoint Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th. day of November, 1941

Notary Public, residing at

My commission expires

[SEAL]

Signed Louis Woelfel
(Signature of any credible person other than the previous affiant.)

Sandpoint Idaho
(Street Address, City, State)

Received for filing on NOV 2[illegible] 1941 By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-121-009-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71891

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 78 File No.

Primary Registration District No. 2133 Registered No.

Hospital

FULL NAME OF CHILD Walter James Archibald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7th	yes	aug 21 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion D. Archibald	Virginia Cruckshank
RESIDENCE	Sandpoint Rural	Sandpoint Rural
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Canada	Canada
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Floyd G. Wendle, M.D. (Physician or midwife)

Address Sandpoint

Filed 9-10 1917

Registrar

FLOYD G. WENDLE
Registrar

Certified Copy issued October 31, 1940. E.W.

FEB 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955 · 24 · 009 - 553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71892

County of Bonner

City of Sandpoint

No. Rural St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

File No.

Registered No.

FULL NAME OF CHILD Hazel Florence Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	yes	Aug 24 1919

FATHER	MOTHER
FULL NAME: Archie Reed	FULL MAIDEN NAME: Belle Helen
RESIDENCE: Sandpoint Rural	RESIDENCE: Sandpoint Rural
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Todd Co. Minn	BIRTHPLACE: Nez Perce Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ....., at 8-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife) .....

Address Sandpoint Ida

Filed 9-10 1919

FLOYD G. WENDLE
Registrar

168-124010-815

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2110

File No. 71893

Registered No. 147

FULL NAME OF CHILD Hal Roscoe Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1st	yes	July 24 1919

FATHER		MOTHER	
FULL NAME	Roscoe A Johnson	FULL MAIDEN NAME	Lena Rae Hanson
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Smithfield
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrill

Physician (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/26 19 19 [illegible] Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 14 1968

DECEASED

DEC 26 1941

791-120-010-442

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71894

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 146

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Pigay	FULL MAIDEN NAME	Nellie Duke
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bingham Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Aug 24 1919 Wm Kennard

Registrar

Registrar

714-209-010-114

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71895

County of Bonneville

City of Lincoln

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 140

Hospital

FULL NAME OF CHILD Lois Paul

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	4th	yes	Aug 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Leo Paul	FULL MAIDEN NAME	Isibel James
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Provo Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrill

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed 4/26 1919 W. Kimmell

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1971

365-217-010-753

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71896

County of Bonneville

City of Ucon

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2140

File No. _____

Registered No. 144

Full Name of Child Florence LaBabe Covington

SEX OF CHILD female | Twin Triplet or other? X and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH aug. (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Junius P. Covington	FULL MAIDEN NAME	Florence A. Bectol
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Orderville, Utah	BIRTHPLACE	Grover-Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mabel C. Link M.D.

J. J. Link M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida

Registrar

Filed Aug 23 1919 [signature]

Registrar

of each, in order of birth stated.

OCT 2 9 1942

415-118-010-753

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71897

County of Bonneville

City of Ucon

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2170

File No. _____

Registered No. 173

Full Name of Child Ronald Jay Manning

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	X		Yes	Aug 18 19

	FATHER	MOTHER
FULL NAME	George T. Manning	FULL MAIDEN NAME Lillian Peterson
RESIDENCE	Ucon	RESIDENCE Ucon
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Hoover, Utah	BIRTHPLACE Hoover, Utah
OCCUPATION	Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 5:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mabel C. Link M.D.

J. D. Link M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address _____

Filed Aug 23 19 19 [illegible]
Registrar

386-208-010-282

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71898

County of Bonneville

City of Ucon

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2110

File No. _____

Registered No. 142

Full Name of Child Emil Marine Thomas

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
female	x (To be answered only in event of plural births)		Yes	Aug (Month) 8 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John Thomas	FULL MAIDEN NAME	Ida Bybee
RESIDENCE	Ucon, Idaho	RESIDENCE	Ucon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Spanish Fork, Utah	BIRTHPLACE	Menan, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mabel C. Link, M. W.

J. J. Link M. W.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon, Idaho

Filed Aug 20 1919 [illegible]

OCT 11 1962

255-21-1009-957

PLACE OF BIRTH

County of Bonner

City of Priest River Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

CERTIFICATE OF BIRTH

71899

Registration District No. 81 File No. .....

Primary Registration District No. 2168 Registered No. 25

FULL NAME OF CHILD ..... Charlotte Beverly .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	August 14 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar Beverly	Nellie Regan
RESIDENCE	Priest River	19 Priest River Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Ky	Ill
OCCUPATION	Logger	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.09 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Smith M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Priest River Ida

Filed Sept 7 1917

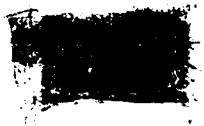
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1945



252-116-
010-154

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

77900

Registration District No. 81 File No. .....

Primary Registration District No. ..... Registered No. 26

FULL NAME OF CHILD ~~Aubrey~~ GERALD Earl Kessler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Kessler	FULL MAIDEN NAME	Iva Anderson
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wis
OCCUPATION	Lumbejack	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gehlert M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida

Filed Sept 3 1919 Bess Kennedy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Cowlitz }

Certificate No. 71900

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Aubrey Earl Kessler (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on June 16, 1919 (DATE OF EVENT)
in Grand Rapids, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 17, 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Aubrey Earl Kessler	Gerald Earl Kessler

Subscribed and sworn to before me this 6 day of June, 1942

Helen Huntington

Notary Public, residing at Castle Rock, Wash

My commission expires Jan. 30, 1946

(SEAL)

Signed Harold A. Kessler

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 1942

Helen Huntington

Notary Public, residing at Castle Rock, Wn.

My commission expires Jan. 30, 1946

(SEAL)

Signed Mrs Harold Kessler

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 11 1942 By

(REGISTRAR'S SIGNATURE)

JUN 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for ea and the number of each, in order of birth stated.

[redacted] BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71901

County ..... City of Priest River

No. 312-107-009-583 St.

Registration District No. 81

File No. .....

Primary Registration District No. 2158

Registered No. 27

Hospital .....

FULL NAME OF CHILD Eylar Lee Takehara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 7 1919

FATHER		MOTHER	
FULL NAME	Nenoki Nenoki Takehara	FULL MAIDEN NAME	Emma Mal Eylar
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	Japanese	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Japan	BIRTHPLACE	Okla
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gelzer MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River

Filed Sept 3 1919

Registrar

Registrar

First [illegible] issued Feb. 7, 1941. M.W.

FEB 3 1941

County of Lewis,
State of Washington. } SS

I, Mrs. Louise Takehara Lyda, having been duly sworn on oath depose and say that I am a sister of Eylar Lee Takehara, and know that he was born Augest 7, 1919, at Priest River, Idaho. His mother's maiden name was Mae Emma Eylar, who was married to his father, Nenoki Takehara.

(Signed)* Mrs. Louise Takehara Lyda

Subscribed andsworn to before me at Packwood, Wash. Janurary 29, 1941.

Notary Public in and for the state of Washington residing at Packwood, Washington.

294-229-609-534

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71902

County of Bonner

City of Priest River

Registration District No. 81

File No.

No. St.

Primary Registration District No. 2158

Registered No. 28

Hospital

FULL NAME OF CHILD VELMA PAULINE Brumley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 29 1919

FATHER		MOTHER	
FULL NAME	Everett Brumley	FULL MAIDEN NAME	Effie Eldridge
RESIDENCE	Priest River Idaho	RESIDENCE	Priest River Idaho
COLOR	White	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Gehrt M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Priest River Idaho

19

Filed Sept 3 1919 Ross Denied

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pend Oreille

Certificate No. 71902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Velma Pauline Brumley (Birth or Death) for No Name given (Name on Original Certificate) who (Was Born or Died) on XXX (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents Records (Bible Record, Insurance Policy, Etc.) prepared on August 29th, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Brumley	~~Brumly~~ Brumley
Name	Unnamed	Velma Pauline Brumly
Date	Aug. 20th	Aug. 29, 1919

Subscribed and sworn to before me this 8th, day of September, 1942

Shaw J. Barker
Notary Public, residing at Auditor, Pend Oreille County, Washington.

My commission expires
(Seal)

Signed Josephine Veit
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sister to Applicant

Newport, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pend Oreille

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th, day of September, 1942

Shaw J. Barker
Notary Public, residing at Auditor, Pend Oreille County, Washington

My commission expires
(Seal)

Signed X George F. Veit
(Signature of Any Credible Person Other Than Previous Year)

Rt#3, Newport, Wn
(Street Address, City, State)

SEP 15 1942

993-220-009-816

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71903

Registration District No. 81 File No. .....

Primary Registration District No. 2158 Registered No. 29

FULL NAME OF CHILD Sarah Jane Rice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry J Rice	FULL MAIDEN NAME	Maud Hawkins
RESIDENCE	Priest River Cas	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Gerth M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Cas

Filed Sept 3 1919 Rose Kennedy

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-210-009-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71904

County of Bonner

City of Laclede

Registration District No. 84

File No.

No. St.

Primary Registration District No.

Registered No. 30

Hospital No

FULL NAME OF CHILD Rosemary Fuller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 10 1919

FATHER		MOTHER	
FULL NAME	John Fuller	FULL MAIDEN NAME	Johanna Lena Lee
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Illinois	BIRTHPLACE	Baltimore, Maryland
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. King M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Laclede, Idaho,

Filed Sept 6 1919

Registrar

Rose Kennedy
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71905

County of Lewis

City of Winchester

No. 244-222-031-365 St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD CORAL ERNESTINE SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Smith	FULL MAIDEN NAME	Coral Alvaula Long
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Kelly Md.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed July 22 1919 J. Kelly Registrar

S-Y-CO 36071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 71905

State of Idaho }
County of Nez Perce } ss.

Date Filed April 1st 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Coral Ernestine Smith (Name on Original Certificate) who was born (Was Born or ~~Died~~) on July 22nd 1919 (Date of Event)
in Winchester Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, ~~Insurance Policy, Etc.~~) prepared on 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Coral Ernestine Smith

Subscribed and sworn to before me this 1st
day of April, 1942

Signed Mrs Ernest Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Thelma Johnston
Notary Public, residing at Klamath Falls Ore
(Street Address, City, State)

My commission expires MY COMMISSION EXPIRES APRIL 25, 1945
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Klamath } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of April, 1942

Signed Lois J. Simmons
(Signature of Any Credible Person Other Than Previous Year)

Thelma Johnston
Notary Public, residing at Klamath Falls Ore 1414 E. Main Klamath Falls Ore
(Street Address, City, State)

My commission expires MY COMMISSION EXPIRES APRIL 25, 1945
(Seal)

JUL 31 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71906

County of Lincoln

766-[illegible]-6[illegible]

City of Richfield

No. 5½ mi N - 18 St.

Registration District No. 17 File No. 1

Primary Registration District No. 2200 Registered No. 9

Hospital

FULL NAME OF CHILD Omar Althea Goodrich

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Omar Alphaeus Goodrich	FULL MAIDEN NAME	Sarah Loraine Wright
RESIDENCE	Richfield 5½ mi North 1 East	RESIDENCE	Richfield 5½ mi N. 1 East
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Palmyra Maine	BIRTHPLACE	Glasgow Penn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Richfield Idaho

Registrar

Filed Sept 10 1919 R. E. Bartlett

Registrar

Certified copy issued Nov. 20, 1970. L.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted]

793-217 Latah 9-257

County of Latah

City of Harvard

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71907

Registration District No. 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Mary Ann Gilder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Aug. 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert J. Gilder	FULL MAIDEN NAME	Eugenie Kegley
RESIDENCE	Harvard	RESIDENCE	Harvard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Potlatch Idaho

Filed Aug 23 1919. Dr. J. W. Thompson
Registrar

S-Y-CO. 38071

MAR 5 1942

FEB 20 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Harvard
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 10 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Harvard
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Harvard, Idaho
3. **RESIDENCE OF FATHER** (city, state) Harvard, Idaho

4. **FULL NAME OF CHILD** Mary Ann Gilder
5. Date of Birth (Month, day, year) Aug. 17, 1919.
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert J. Gilder
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Canada
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eugenia Kegley
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Stony City, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 1:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Eugenia Gilder (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** J. W. Thompson M.D. or (D.O., Midwife, etc.)
and address Moscow. Date 2/17/42

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) .....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

SEAL .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-223-029-383

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71908

County of Latah

City of Potlatch

No. _____ St.

Hospital _____

Registration District No. 65

File No. _____

Primary Registration District No. 2145

Registered No. _____

FULL NAME OF CHILD Inez Norma Coller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Aug. 23. 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Walter E. Coller	FULL MAIDEN NAME	~~[illegible]~~ Blanche E. Tyler
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 15 M. on the date above stated.

(Signature) Dr. J. W. Thompson

M. D.

(Physician or midwife)

Address Potlatch

Filed Sept. 3 1919

Dr. J. W. Thompson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

631-129.029-289

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 State File No. 71909

Primary Registration District No. 2145 Local Registrar's No. .....

FULL NAME OF CHILD N oboru Ota

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 29 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Yosuki Ota	FULL MAIDEN NAME	Rui Shinagawa
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M. D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address Potlatch

Filed Sept. 3rd 1919 DR. J. W. THOMPSON

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65

File No. 71909

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~George~~ Noborn Ota

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Aug 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Yosike Ota	FULL MAIDEN NAME	Rui Shinagawa
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Potlatch

Filed Sept. 3rd 1919

Dr J. W. Thompson Registrar

S-Y-CO. 38071

First Certified Copy 4/25/38

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 455

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Onaway

Registration District No. 65

File No. 71910

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lola Katherine Watson.

Sex of Child Female | Twin Triplet or other? r and Number in order of birth r (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tracy Watson	FULL MAIDEN NAME	Edna Kenoyer
RESIDENCE	Onaway	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Laborer.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Palouse Wash

Filed Sept. 11 1919 D. J. W. Thompson Registrar

S-Y-CO 38071

AUG 31 1962

36 X 125 022-766 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71911

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Tout

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Walter Tout	FULL MAIDEN NAME	Mabel Ruth Powell
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Camas Idaho	BIRTHPLACE	Egin Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Kaufhberger M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

..... Registrar

Filed [illegible] 1919 W. B. West Registrar

By Mrs. West

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-130-022-493

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71912

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Sherman Rogers Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	David E Miller Jr	FULL MAIDEN NAME	Janette L Miller
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Farmington, Utah	BIRTHPLACE	Draper, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 7 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. [illegible] Jr.

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Anthony, Idaho

Filed Sept 11 1919 W B West, By. Mrs. West

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 8 1962

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
JUN 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days. at home

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho 23 yrs.
(f) Mother's mailing address Mrs. Ben Bunnell, Ashton, Idaho
3. **RESIDENCE OF FATHER** (city, state) Same as Mother, Idaho.

4. **FULL NAME OF CHILD** Sherman Rogers Miller
5. Date of Birth (Month, day, year) 6-30-1919
6. Sex. M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Edgar Miller
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace Farmington Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanette Cryer
17. Color or Race W
18. Age at time of THIS birth 41 years
19. Birthplace Draper Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 21 1941 (Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Edgar Miller, being first duly sworn, say that I am Related (Related to (or) acquainted with) Sherman Rogers Miller (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hassbergen (Name of attendant at birth), who attended said birth was now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Edgar Miller Name
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of June, 1941

(SEAL) ..... Notary Public, residing at St. Anthony, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-204-022-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

71913

County of Fremont

City of Swan Grover

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8-4-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James L Thompson	FULL MAIDEN NAME	Olive L Thompson Carrier
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	~~Lawrence~~ Wilford Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5/30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger M.D. (Physician or midwife)

Given names added from a supplemental report.

Address St Anthony Ida

19

Filed Sept 11 1919 W. B. West, By Mrs West, Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-102-022-599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-31-19

IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71914

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD Howard Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Feb 7 1919

FATHER		MOTHER	
FULL NAME	R C Nelson	FULL MAIDEN NAME	Emma Ericsson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	[illegible] Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Banker	OCCUPATION	Banker's Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Address St Anthony Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept 11 1919 W. B. West. Registrar
By Mrs. West.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-230-022-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71915

County of Fremont

City of Egin Ida

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2171

File No. .....

Registered No. .....

FULL NAME OF CHILD Boadshaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Boadshaw	FULL MAIDEN NAME	Dora Cruser
RESIDENCE	Egin Ida	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Devers

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony

Filed Sept 10 1919 W. Davis

Registrar

Registrar

MARGIN RESERVED FOR BINDING
LAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-216-022-461

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71916

County of Fremont

City of Chester Ida

No. ..... St.

Hospital .....

Registration District No. 91

Primary Registration District No. 2177

File No. .....

Registered No. .....

FULL NAME OF CHILD Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Howard	FULL MAIDEN NAME	Venela Monroe
RESIDENCE	Chester Ida	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 11 P.M. born alive, at [illegible] on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wert

M. D. St. Anthony
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony

Filed Sept 11 1919 W B Wert

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-
124.031-343

No. 11—25m-1-1-13

[redacted]

74918

PLACE OF BIRTH

County of Reno

City of Winchester

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD GEORGE FREDERICK ANDERSON

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno Gottfried Anderson	FULL MAIDEN NAME	Phoebe Agnes Tuxcker
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Langlin M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 11 1919 J. Ferry Registrar

Registrar

S-Y CO. 24656

STATE OF II AHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 71918

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Frederick Anderson (Name on Original Certificate) who was born (Was Born or Died) on June 24th, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	George Frederick Anderson

Subscribed and sworn to before me this 2nd,
day of April, 1942

F. B. Jett

Notary Public, residing at Vale, Oregon

My commission expires Feb. 2nd, 1945
(Seal)

Signed John Gottfried Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd,
day of April, 1942

F. B. Jett

Notary Public, residing at Vale, Oregon

My commission expires Feb. 2nd, 1945
(Seal)

Signed Phebe Agnes Lusker Anderson
(Signature of Any Credible Person Other Than Previous Year)

Vale Oregon
(Street Address, City, State)

316-109-031-315

PLACE OF BIRTH

Form V. S. No. 11—[illegible]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lea

City of Winchester

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 71919

Registered No. _____

FULL NAME OF CHILD Arlie Franklin Laws

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	July (Month) 9 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Franklin Porter Laws	FULL MAIDEN NAME	Della Rose Fann
RESIDENCE	Winchester	RESIDENCE	Winchester Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N Carolina	BIRTHPLACE	Idaho
OCCUPATION	Mill Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:40 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E McLaughlin MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Sept 11 1919 J Kelly Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 8 25 AM '72
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane

Certificate No. 71919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Laws (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1919 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Arlie Franklin Laws

Subscribed and sworn to before me this 3 day of Dec., 1971

Notary Public, residing at Spokane
My commission expires 2/15/75
(Seal)

Signed Viola Haglund
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
104 E. Walton Ave Spokane, Wash.
(Street Address, City, State) 99207

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Dec., 1971

Notary Public, residing at Spokane
My commission expires 2/15/75
(Seal)

Signed Mildred V. Laws Bell
(Signature of Any Credible Person)
716 S 20 Inwood Spokane Wash 99205
(Street Address, City, State)

FORM DH 60-155 CL 10/21/71nm

NOV 21 1972

Honorable Discharge from the Air Force gives name as Arlie Franklin Laws. Born July 9, 1919. Date of Separation Aug. 1, 1954. Viewed by V. S.

Certifiedcopy of a Death Certificate from Washington gives deceased's name as Franklin Partee Laws. Died May 2, 1957. Sugned by Arlie F. Laws. Viewed by V. S.

113-104-031-693

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71921

County of Lewis

City of Winchester

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Delmer Samuel Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 4th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Willis Jackson	FULL MAIDEN NAME	Florence May Wilks
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mill Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. W. Laughlin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Winchester Ida

Filed Sept 11 1919 J. K. Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

433-105-031-235

PLACE OF BIRTH

County of Lewis

City of Winchester

Registration District No. _____ File No. 71922

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Jerome Douglas McLaughlin

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 5th 1919

	FATHER	MOTHER
FULL NAME	Jerome E. McLaughlin	FULL MAIDEN NAME Isabella N. Stevens
RESIDENCE	Winchester	RESIDENCE Winchester
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE California
OCCUPATION	Physician	OCCUPATION House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2.20 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

(Signature) Jerome Douglas McLaughlin

(Physician or midwife)

Address Winchester Ida

Filed Sept 11 19 19 _____ Registrar

S-Y-CO 36071

893-207:031 + 43

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71923

County of Lewis

City of Winchester

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Janet Kathryn Hillman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest B. Hillman	FULL MAIDEN NAME	Myrtle Aucutt
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Mill Work	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 30 P M. on the date above stated.
(Born alive or stillborn)

(Signature) John Coughlin
Physician
(Physician or midwife)

Address Winchester Ida

Filed Sept 11 1919 JK
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1

331-101-031-455

PLACE OF BIRTH

Form V.S. No. 11-C-[illegible]m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71924

County of Lewis

City of Winchester

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Archie Bernice Clark

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 1st (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	Rufus Franklin Clark	FULL MAIDEN NAME	Lillian Rosette Denney
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Mill Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Address Winchester Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Apr 11 1919 [signature] Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485.284.075-294

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

ST[redacted]

BUREAU O[redacted]

CERTIFICATE O[redacted]

71925

County of Nez Perce

City of Culdesac Registration District No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Vera Alvina Myers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 24 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt Myers	Eva Sims
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Washington	Missouri
OCCUPATION	Com. Labor	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

(Signature) John Langhlin

Physician (Physician or midwife)

Address Winchester Idaho

Filed Sept 11 1917

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1959

DECEASED

493-128 031-493

PLACE OF BIRTH

[redacted] V. S. No. 11-C—25m-9-8-15

BUREAU OF [redacted]

71926

CERTIFICATE OF BIRTH

County of [redacted] Lewis

City of Forest

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Henry Douglas Dill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	May 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W. Dill	FULL MAIDEN NAME	Pearl M. Miller
RESIDENCE	Forest Ida	RESIDENCE	Forest Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	California	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. E. W. Langhlin

Physician

(Physician or midwife)

Address Winchester Ida

Filed Sept 11 1919 J. Kelly

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-120-031-261

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71927

County of Lewis

City of Forest

No. ..... St.

Hospital .....

Registration District No. 48 File No. 39

Primary Registration District No. 2,27 Registered No. 93

FULL NAME OF CHILD Martha Grace Swan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch 20 1919

FATHER		MOTHER	
FULL NAME	Jesse Swan	FULL MAIDEN NAME	Martha Grace Swan
RESIDENCE	Forest Ida	RESIDENCE	Forest Ida
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Stock Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bad (Born alive or stillborn), at 2 20 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin M.D. (Physician or midwife)

Given names added from a supplemental report.

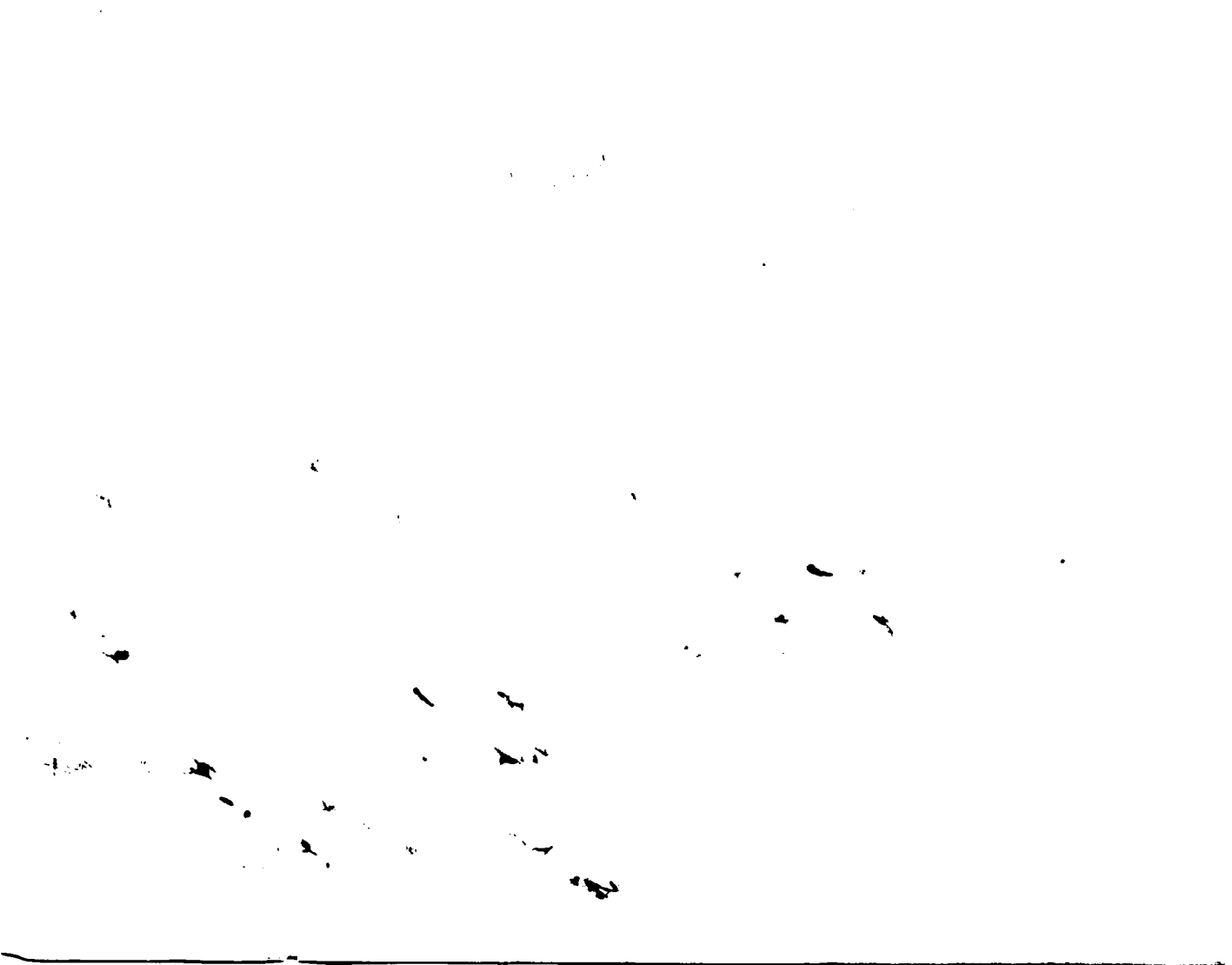
..... 19.....

..... Registrar

Address .....

Filed Apr 1 1919 J. K. Registrar

S-Y-CO 38071



458-108-034-317

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Lewis

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71931

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Henry Wesley DeHaven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	May 8 1919

FATHER		MOTHER	
FULL NAME	John DeHaven	FULL MAIDEN NAME	Jennie Cooper
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John L. Kelly MD

(Physician or midwife)

Address

Filed May 8 19 19

Registrar

Registrar

S-Y CO. 24660

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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dup of 1919-D79-110

235-209-031-491

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71932

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 8

File No. 64

Registered No. 98

FULL NAME OF CHILD Ilene Elizabeth Olsons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Alfred Olsons	FULL MAIDEN NAME	Florence Drabney
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	New Jersey
OCCUPATION	Mill Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John K. Kelly M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 8 1919 J. K. Kelly Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-104-03-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71933
6 3

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 97

FULL NAME OF CHILD Leighton Manford Bair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	July (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John J. Bair	FULL MAIDEN NAME	Nellie Blond
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Lumber Man	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Kelly M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed July 5 19.....

J. Kelly
Registrar

..... Registrar

S-Y CO. 24656

SEP 18 19

655·126·001-255

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL S[redacted]

[redacted]-25m-9-8-15

CERTIFICATE OF [redacted]

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 [redacted] 71935

Primary Registration District No. 1004 [redacted]ed No. 262

FULL NAME OF CHILD George Edward Weniger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) – 26 (Day) – 1919 (Year)

FATHER		MOTHER	
FULL NAME	W. Weniger	FULL MAIDEN NAME	Myrtle E. Knepper
RESIDENCE	Cleveland, Ohio	RESIDENCE	Cleveland, Ohio
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Physicist	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McLaylor

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 9/22/19 1919

L. P. Pfoman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

357-127-027-814 name added 4-24-84 dl

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1 [illegible]

7193[illegible]

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD ..... Milton Arnold Leach

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			June 22 1919

FATHER

FULL NAME Sanford Leach

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Nebr.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Emma Yoder

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ore.

OCCUPATION H. W.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 5 20a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Price

(Physician or midwife)

Address Jerome Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 17 1919

Dr. E. E. Price

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-20-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS
APR 23 7 56 AM '84

State of _____ } ss.
County of _____

Certificate No. 71936
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Leach (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 27, 1919 (Date of Event)

in Eden (jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Leach	Milton ~~Arno~~ Leach ARNOLD

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Milton Arnold Leach
Signature of Applicant

X 1325 So. Gold St. Centralia, WA. 98531
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1984.

Notary Public, Evelyn Leach
Residing at 2459 Alder St Eugene
My commission expires 8-8-84
(Seal)

Donald G. Leach
Supporting Signature

2459 Alder St, Eugene, Ore, 97405
Street Address, City, State

1 cc pd

War Ration Book lists name of person book issued to as Milton Arnold Leach . Issued Feb 13, 1943. Viewed by V.S.

Report Card from 1st grade lists student as Milton Arnold Leach. school year 1926-27. Viewed by V.S.

APR 24 1984

868.123-227-6 35

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-6-17

[redacted]TICS

71937

County of Jerome

City of Eden

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD .... Thomas Quentin Hohnhorst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Aug (Day) 23 (Year) 1917
Boy			

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Hohnhorst	Agnes Olsen
RESIDENCE	Hazlton	Hazlton
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	MO	MO
OCCUPATION	Farmer.	Houskeeper.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B. A. Price

(Physician or midwife)

Address Jerome Ida

Given names added from a supplemental report.

..... 19.....

*Registrar

Filed Sept. 19, 1917 Dr. E. D. Speer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFIED COPY OF [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 71937

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thomas Q. Hohnhorst (Name on Original Certificate) who (Was Born or Died) on August 23,1919 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Thomas Quentin Hohnhorst
Surname	Holnsharst	Hohnhorst
Date	Aug. 25	August 23rd

Subscribed and sworn to before me this 28th day of August, 1944.

Samuel E. Vance Jr.

Notary Public, residing at Hazelton, Idaho

My commission expires Feb. 2, 1947
(Seal)

Signed Charles H. Hohnhorst
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hazelton, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1944.

Samuel E. Vance Jr.

Notary Public, residing at Hazelton, Idaho

My commission expires Feb. 2, 1947
(Seal)

Signed John Hohnhorst
(Signature of Any Credible Person Other Than Previous Year)

John Hohnhorst
(Street Address, City, State)

SEP 2 1944

635-220-022-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71938

County of Jerome

City of Idun

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Ruth Mildred Fleck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Aug 20 1919

FATHER		MOTHER	
FULL NAME	Atty Fleck	FULL MAIDEN NAME	Lora Lee Bell
RESIDENCE	Hazlton	RESIDENCE	Hazlton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ida
OCCUPATION	Farmer.	OCCUPATION	House Keeper

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated., at 7 40 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. B. A. Price

(Physician or midwife)

Address Jerome, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sept. 2 19 19 Dr. E. D. Paper.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-121-027-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71939

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017-2617

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			March 21 1919

FATHER		MOTHER	
FULL NAME	R A Claburn	FULL MAIDEN NAME	Alice Miller
RESIDENCE	Eden	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B A Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Jerome, Ida

Filed Sept 17 1919 Dr E D Piper

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

R13-109-039-689

PLACE OF BIRTH

County of Power

City of American Falls

Registration District No. 23

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 98

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 71941

FULL NAME OF CHILD Wilburn Eugene Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 9 1917

FATHER		MOTHER	
FULL NAME	Evan J. Hall	FULL MAIDEN NAME	Ruth E. Whisler
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard V. Wolfe

(Physician or ~~midwife~~)

Address American Falls Ida

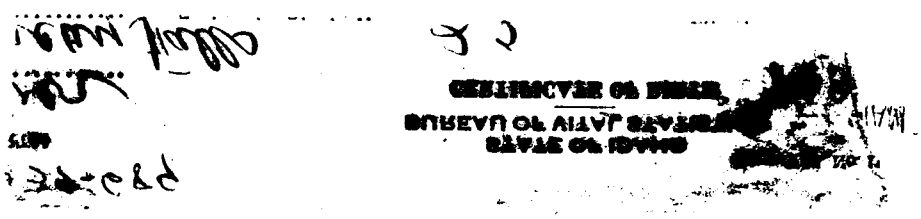
Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 5/20 1919 R. V. Wolfe
Registrar

OCT 2 3 1944



253-106-039-442

PLACE OF BIRTH

Form V. S. No. [illegible]C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71942

County of Power

City of American Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 95

Hospital .....

FULL NAME OF CHILD Walter Henry Bethke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 6th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Bethke	FULL MAIDEN NAME	Paulina Duschinske
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 8 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Moth

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address American Falls Ida

Filed 8/7 1919 B. F. Moth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1966

362-206-039-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71943
2

County of Power

City of American Falls Registration District No. 25 File No.

No. St. Primary Registration District No. 2072 Registered No. 94

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes	Aug. 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Cobb	Olive Rice
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Nott

(Physician or midwife)

Address American Falls, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8/7 1912 R. T. Nott

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-102-039-457

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71944

County of Power

City of American Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 93

Hospital Bethany

FULL NAME OF CHILD Richard Logan

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug 2nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex Logan	FULL MAIDEN NAME	Martin Jane Dexter
RESIDENCE	Declo Idaho	RESIDENCE	Declo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls Ida

Filed 8/7 1919

R. F. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1966

AUG 2 - 1942

AUG 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 106-205-468

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71945**

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46 File No. .....

Primary Registration District No. 2123 Registered No. .....

FULL NAME OF CHILD Cornelius Micheah Merriman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 6th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Cornelius Merriman	FULL MAIDEN NAME	Mary Katherine Dwyer
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Blooming Prairie Minn.	BIRTHPLACE	Avoca Minn.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth Nine (9) Number of children of this mother now living, including present birth Eight (8)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington DC

Accoucheur (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Sept 17 1919 H G Joeger Registrar

Registrar

S-Y CO. 24655

PLACE OF BIRTH

County of Gooding

City of Wendell

312-201-024-957 No. _____ St.

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71946

Registration District No. 23

File No. _____

Primary Registration District No. 2018

Registered No. _____

Hospital _____

Full Name of Child Zelma Florence Case

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	✓	4th	yes	Feb 1 1919

FATHER		MOTHER	
FULL NAME	Henry Thurman Case	FULL MAIDEN NAME	Elfa Ingram
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-11 1919. E. L. Simonton Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAR 25 1969

813-226.02475-V

PLACE OF BIRTH

County of Gooding

City of Wendell

*Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71953

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Aloha Hotch

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—		2d	Yes	June 24 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter A Hatch	FULL MAIDEN NAME	Harriet Anderson
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician

(Physician or midwife)

Address Wendell, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1919 E L Simonton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919 - 71958

993-207-024-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71954

County of .....

City of ..... Registration District No. 22 File No. .....

No. ..... St. Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Almetta Marie Richardson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	4th	Yes	Aug 7 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Barney B Richardson	FULL MAIDEN NAME	Lillie Collings
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 10 1919 E. L. Simonton Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1956

JUN 1947

695-216-024-546

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. 22 File No. 71955

No. ..... St. Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leona Marie French

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	2nd	Yes	June 16 (Month) (Day) 191 9 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett French	FULL MAIDEN NAME	Golden E. Emory
RESIDENCE	Wendell Ida.	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Complete (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton M.D.

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Aug 4 1919 E. L. Simonton
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUN 12 1942

138-226-024-446

Amended 4-9-64

(Be sure the information is complete and accurate)

State File No. 71956

Local Reg. No.

Reg. Dist. No. 22

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Muriel
b. (Middle): Mildred
c. (Last): Achenbach

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): April 26, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Wm.
b. (Middle): Carl
c. (Last): Achenbach
8. COLOR OR RACE: White
9. AGE (At time of this birth): 21 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Wyoming
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lola
b. (Middle): May
c. (Last): Duffy
13. COLOR OR RACE: White
14. AGE (At time of this birth): 18 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Boise, Ida.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Goodspeed, M.D.
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Buhl
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 31, 1919
20. REGISTRAR'S SIGNATURE: E. L. Simonton
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY
22b. WEIGHT AT BIRTH
23. Was a standard serological test for syphilis performed? [ ] [ ]

pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lemhi } ss.

Certificate No. 71956

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Achenbach (male child) (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1919 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism - Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on 6-11-44 - 4-26-42 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Muriel Mildred Achenbach
Sex of Child	Male	Female

Subscribed and sworn to before me this 22 day of October, 1962

Notary Public, residing at Salmon, Idaho
My commission expires Sept. 21, 1963
(Seal)

Signed Lola May Achenbach
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 736 - Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lemhi } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of October, 1962

Notary Public, residing at Salmon, Idaho
My commission expires Sept. 21, 1963
(Seal)

Signed Carl Achenbach
(Signature of Any Credible Person)

Box 736 Salmon, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 9-19-62. ~~mm~~ one copy pd. rec. #18241.

Own childs birth certificate shows Muriel M ldred Achenbach as mother
Child born Sept. 4, 1956 at Salmon, Idaho File # 56-13200.

Viewed by V. s.

Book of AAncestry and Descendants of John Walker Published 1953 gives names as Muriel Mildred Achenbach, daughter of William Carl and Lola May Achenbach.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

[illegible] BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22

Primary Registration District No. 2018

File No. 71956

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Carl Achenbach	FULL MAIDEN NAME	Lola May Duffey
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wyomen	BIRTHPLACE	Boise
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Goodspeed M.D.

(Physician or midwife)

Given names added from a supplemental report.

June 19 1919

Address Buhl

E L Simonton Registrar

Filed May 31 1919

E L Simonton Registrar

APR 9 1964

433101-24-168

PLACE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 71957

No. ..... St.

Primary Registration District No. 2018

Registered No. .....

Hospital ..... William McClintock

FULL NAME OF CHILD .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2d	Yes	July 1" 1919

FATHER		MOTHER	
FULL NAME	William H. McClintock	FULL MAIDEN NAME	Helen E. Johnston
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed July 4 1919 E. L. Simonton
Registrar

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-10-41

NOV 17 1941 (2)

953-119.024-253

PLACE OF BIRTH

County of Jerome

City of Wendell

No. ..... St.

Hospital ..... Homer Allen Inlow

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-5-17

CERTIFICATE OF BIRTH 71959

Registration District No. 22 File No. .....

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	2nd	yes	May 19, 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A Inlow	Ethel B. Beldon
RESIDENCE	Wendell Ida	Wendell Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 29	White / 30
BIRTHPLACE	Ohio	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Address Wendell Ida

Filed July 1 1918 E. L. Simonton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

--FEB 8 1951

695-127-027-693

PLACE OF BIRTH amended 5/30/80 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

71960

County of Gooding

City of Hazelton

Registration District No. 25

File No.

No. St.

Primary Registration District No. 012-2017

Registered No.

Hospital

FULL NAME OF CHILD Robert Charles Finkelnburg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Jan 27 1919

FATHER		MOTHER	
FULL NAME	Elliott A Finkelnburg	FULL MAIDEN NAME	Cunalette Willey
RESIDENCE	Hazlton Ida	RESIDENCE	Hazlton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Id
OCCUPATION	Civil engineer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Dr. B A Price

(Physician or midwife)

Address Jerome Ida

Filed Sept 12 1919 Dr. E. D Rupert Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 3 41 PM '80

State of Idaho
County of BANNOCK } ss.

Certificate No. 71960
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth Jan 27 1919
for unnamed Finkelberg (Name on Original Certificate) who was born (Was Born, Died, etc.) on ~~Dec. 27, 1918~~ (Date of Event)
in ~~Eden~~ (Jerome) Hazelton (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Robert Charles Finkelnburg
fathers last name	Finkelberg	E.A. Finkelnburg
Date of birth of child	Dec 27, 1918	Jan. 27 1919 (1919)
Place of ~~birth~~ Birth	Eden, Idaho	Hazelton, Idaho

Subscribed and sworn to before me this 12th day of May, 1980
Notary Public, Marilyn Shepard
Residing at Pocatello Id
My commission expires Expires
(Seal)

Signature of Applicant
5155 Yellowstone #7
Street Address, City, State
Pocatello, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Marriage Licesnfrom Montana (cou;oes co. gives name as Robert Charles Finkelburg born at Hazelton Idaho on Jan 27, 1919. dateof marriage12-20-74. viwef vtV..S.

Family Bible record for Elliott Augustus Finkelburg. son's nameas Robert Charles Finkelburg born Jan 27, 1919. viewed vy VM S.

289-217-027-255

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-1-37

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 71961

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Sidney Byram, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Jan. 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sidney Byram	Alma Benser
RESIDENCE	Hazlton	Hazlton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	33
BIRTHPLACE	Kan	Ill
OCCUPATION	Farmer	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B. A. Price

(Physician or midwife)

Address Jerome, Ida.

Given names added from a supplemental report. ..... 19.....

Filed Sept 12 1919

..... Registrar

Dr. E. D. Pipers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-123-027-335

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71962

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 6012017

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
boy				May 23 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	John G Brown	FULL MAIDEN NAME	Edith B Cleveland
RESIDENCE	Hazlton	RESIDENCE	Hazlton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	U.S.
OCCUPATION	Farmer	OCCUPATION	House Keeper.

Number of child of this mother, including present birth ... 15 ... Number of children of this mother now living, including present birth ... 13 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. ..... at ..... M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price.

(Physician or midwife)

Address Jerome, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 7 1917 Dr E D Piper.

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-3618066

389-127-027-786

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

71966

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017 2017

File No. .....

Registered No. .....

FULL NAME OF CHILD DEO CHADWICK CHRISTOPHERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			April 27 1919

FATHER		MOTHER	
FULL NAME	Murdath H ~~Christopherson~~ CHRISTOPHERSON	FULL MAIDEN NAME	Isofel Chodenck
RESIDENCE	Hazlton	RESIDENCE	Hazlton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B. A. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Jerome Idaho

Filed Sept 19 1919 Dr. E. D. Piper

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jérome } ss.

Certificate No. 71966

Date Filed MAY 28 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Deo Chadwick Christopherson (Name on Original Certificate) who born (Was Born or Died) on April 27,1919 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Deo Chadwick Christopherson

Subscribed and sworn to before me this 26th
day of May 19 42

Notary Public, residing at Hazelton, Idaho

My commission expires April 10,1943
(Seal)

Signed Meredith Hans Christopherson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

DEC 3 1943

433-215-027-249

Amended 1-14-64 (Be sure the information is complete and accurate)

State File No. 71967

Local Reg. No.

Reg. Dist. No. 23

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Jerome

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Jerome

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dorothy b. (Middle): M. c. (Last): McClain

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Girl	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 15, 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Robert	I.	McClain	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Pa.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Margaret	M.	Smith	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
25 YEARS	Canada	3	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. B. A. Price

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Jerome, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 17, 1919

20. REGISTRAR'S SIGNATURE: Dr. E.D. Piper

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...ISSUED BY DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

RECEIVED
DEC 23 1963
Bureau of Vital Statistics

Certificate No. 71967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McClain (girl child) (Name on Original Certificate) born (Was Born or Died) on July 15, 1919 (Date of Event)
in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy May McClain
Full Maiden Name of Mother	Margret M. Smith	Margaret M. Saban

Subscribed and sworn to before me this 19th day of September, 1963.
Virginia Sutton
Notary Public, residing at Twin Falls, Idaho
My commission expires 2/20/66
(Seal)

Signed Gertrude L. Maxwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
~~Rt~~ 2010 Burton Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September, 1963.
Virginia Sutton
Notary Public, residing at Twin Falls, Idaho
My commission expires 2/20/66
(Seal)

Signed Mrs Anna M Werner
(Signature of Any Credible Person)
344 Walnut St Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-16-63. ~~xx~~ one copy pd. rec. #13740.

Holy Baptism Certificate, baptized July 11, 1926 at Eden, Idaho gives full name as Dorothy May McClain, born July 15, 1919 at Eden, Idaho to Robert McClain and Margaret McClain - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #32126 gives full maiden name of mother as Margaret May Smith - viewed by V.S.

rec. letter written Nov. 15, 1963 received by this office Dec. 23, 1963 from Mrs. Werner stating that her mother's maiden name is correct (Smith) - correcting spelling of mother's first name only -

Child's Birth Cert. on file: (Idaho Birth) #434730 gives full maiden name of mother as Dorothy Mae McClain - viewed by V.S.

rec. letter written Jan. 7, 1964 received by this office 1-8-64 requesting that full maiden name be added as Dorothy M. McClain - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital ~~Jerome~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 23

File No. 71967

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD ..... Mc Clain

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl				July 15 (Month) (Day) 191a (Year)

FATHER		MOTHER	
FULL NAME	Robert D McClain	FULL MAIDEN NAME	Margret M Smith
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B L Price

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 17 1917 Dr. E. D Piper

Registrar

JAN 14 1964

DECEASED

415-101-027-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71968

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

File No. .....

Primary Registration District No. 617-2017

Registered No. .....

FULL NAME OF CHILD Wayne Woodrow Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			March 1 1919

FATHER		MOTHER	
FULL NAME	J W Davis	FULL MAIDEN NAME	Ethyl May Stakeferry
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Real State	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Jerome, Ida.

Filed Sept. 7 1919

Dr E D Paper
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1973

255.127.027-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 33

File No. 71969

No. ..... St.

Primary Registration District No. 1017-2117

Registered No. .....

Hospital .....

FULL NAME OF CHILD ... Haldron Nathaniel Kennedy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				May 27 1919

FATHER		MOTHER	
FULL NAME	Earl F Kennedy	FULL MAIDEN NAME	Helen Coleman
RESIDENCE	Eden	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE		BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Dr B A Pence

(Physician or midwife)

Address Jerome Ida

Filed Sept 7 19 19 Dr F D Parker Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-228-027-799

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017-2017

File No. 71970

Registered No. .....

FULL NAME OF CHILD Mary Ellen Woods

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			JUNE 28 1919

FATHER		MOTHER	
FULL NAME	Robt R Woods	FULL MAIDEN NAME	Susie Mae Price
RESIDENCE	Eden	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb	BIRTHPLACE	Cala
OCCUPATION	Labor.	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B. A. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Jerome Ida

Filed Sept. 12 1919 Dr E D Piper

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 71970

County of Clackamas } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for none (Name on Original Certificate) who born (Was Born or Died) on June 28, 1919 (Date of Event)

in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School records (Bible Record, Insurance Policy, Etc.) prepared on June 2, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name (none recorded)		Mary Ellen Woods
name	none given	Mary Ellen Woods
birthdate	March 28 1919	June 28 1919

Subscribed and sworn to before me this 20th day of January, 1944.

May A Forsberg

Notary Public, residing at Milwaukie Oregon

My commission expires

(Seal)

Signed Susie Mae Woods

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 16 Box 168 - Milwaukie Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Clackamas }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1944.

May A Forsberg

Notary Public, residing at Milwaukie Oregon

My commission expires

(Seal)

NOTARY PUBLIC FOR OREGON
My Commission Expires March 10, 1946

Signed Alta Weitzel

(Signature of Any Credible Person Other Than Previous Year)

Rt 16 Box 290 Milwaukie Ore

(Street Address, City, State)

JAN 29 1944

JUN 2 1955
MAY 2 1955

FEB 3 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-104-027-493

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71972

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				Sept 11 1919

FATHER

FULL NAME: Cleve B Barnes

RESIDENCE: Eden

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Ill

OCCUPATION: Dairy Farmer

MOTHER

FULL MAIDEN NAME: Sopha Miller

RESIDENCE: Eden

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: N. York.

OCCUPATION: House Keeper.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. ..... at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price

(Physician or midwife)

Address Jerome, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 17 19 19

Dr. E D Pipes

Registrar

556-108-227-796

PLACE OF BIRTH

Name added 8-21-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-5-17

CERTIFICATE OF BIRTH

71973

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 017-2017

File No. .....

Registered No. .....

FULL NAME OF CHILD Everett Gibson Newbry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy					Sept 8 1919

FATHER		MOTHER	
FULL NAME	Robt M Newbry	FULL MAIDEN NAME	Pearly Gibson
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ind
OCCUPATION	Lab.	OCCUPATION	House Keeper

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B G Price

(Physician or midwife)

Address Jerome, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 12 19 19 Dr E D Piper

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

Rec'd 6-29-81

Certificate No. 71973
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Newbry (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 8, 1919 (Date of Event)

in Eden (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Everett Gibson Newbry

Subscribed and sworn to before me this 22 day of June, 19 81

Notary Public, Pam Kraft

Residing at Twin Falls Id

My commission expires Lifetime

(Seal)

Irene G Johnson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

icc credit

Childs birth-certificate-Everett Gibson Newbry Jr. born 10-12-42 gives AUG 21 19
fathers name as Everett Gibson Newbry. State file # 361376. Viewed by V.s.

United States Army Honorable Discharge Certificate dated 6-25-45 gives name as Everett G. Newbry. Viewed by V.S.

849-104-027-144

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

File No. 71978

Primary Registration District No. 10122017

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) May (Day) 4 (Year) 1919
Boy			

FATHER		MOTHER	
FULL NAME	Henary P Hurschell	FULL MAIDEN NAME	Ellen Judson.
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Waya
OCCUPATION	Farmer	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Jerome, Ida

Filed Apr. 17 1919 Dr. E. D. Piper

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-116-027-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

71979

County of Jerome

City of Eden

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017 2017

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? and (Number in order of birth) (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			May 16 1918

FATHER		MOTHER	
FULL NAME	Ellis M. Boden	FULL MAIDEN NAME	Sara Bronsen
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B. A. Price

(Physician or midwife)

Address Jerome, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 17 19 19 Dr. E. D. Pirkey

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294/109/028-814

PLACE OF BIRTH

[redacted] HO

BUREAU OF [redacted] STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

71980

County of Kootenai

City of Spirit Lake Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD George B. Kunis

Sex of Child	Twin / Triplet / or other?	Number in order of birth	Legitimate?	Date of Birth
Male	–	5th	Yes	June 9 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Guy Kunis	FULL MAIDEN NAME	Beryl Hamilton
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Home Work

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) F P. McCormick

Phys.
(Physician or midwife)

Address Spirit Lake, Ida.

Filed 9/23 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-114-020-419

PLACE OF BIRTH

County of Elmore

City of Hammett

No. ..... St.

Hospital .....

[redacted]

Form V. S. No. 11-C—25m-6-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71981

Registration District No. 35

File No. .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Lawrence Peter Bunt

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	8	yes	Aug. 14 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Phillip Bunt	Rose Mars
RESIDENCE	Hammett Idaho	Hammett Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	37 (Years)
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) Aug. 14 1919 at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Filed Aug. 14 1919 J. W. Davis M. D.

Registrar

STATE OF IDAHO

OCT 1 3 1971

289-222-020-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

71982

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No.

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Mary Virginia Shrum

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	yes	Aug 22nd 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Shrum	FULL MAIDEN NAME	Anna Fowlds Martin
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Maryland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 22. 1919 at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Glenn's Ferry Idaho

19

Filed Aug. 24 1919 J. W. Davis
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1953

165-222-020-386

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71983

County of Elmore

City of Glenn's Ferry — Registration District No. 35 — File No.

No. ..... St. — Primary Registration District No. 2021 — Registered No.

Hospital

FULL NAME OF CHILD Female Durham Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	yes	Aug. 22nd 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Dewey Jones	Lucetta Thomas
RESIDENCE	King Hill Idaho	King Hill Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Aug 22nd 1919 at 4 45 A M. on the date above stated.

(Signature) J. W. Doris M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Filed Aug 24 19 19 — J. W. Doris Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

...NLY WITH UNFADING INK THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-202-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 71984

Primary Registration District No. 2196

Registered No. 1344

FULL NAME OF CHILD Ruth Parish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. H Parish	FULL MAIDEN NAME	Anna Mahoney
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Real Estate	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida

Filed Aug. 13 1919 Dr. J. C. Patterson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 71984

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism + Confirmation Certificate (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	add given name here
		Ruth Parish

Subscribed and sworn to before me this 20 day of April, 1955

Geo Beach Jr

Notary Public, residing at Burley, Idaho

My commission expires 1-22-56

(Seal)

Signed Anna M. Parish (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

231 East 13th Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of April, 1955

Geo Beach Jr

Notary Public, residing at Burley, Idaho

My commission expires 1-22-56

(Seal)

Signed Bernice Baath
(Signature of Any Credible Person)

201 W 19th Burley, Idaho
(Street Address, City, State)

K

DPH 52.155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 245 Overland
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery:
In THIS county 30 years 11 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 245 Overland
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Ida

4. FULL NAME OF CHILD Ruth Parish

5. Date of Birth of Child (Month, day, year) Aug. 2-1919

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Hardy Parish
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Elba (City or town) Idaho (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Louie Mahoney
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that J. C. Patterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Louie Parish Signature

231 E. 13th, Burley, Idaho. P. O. Address

Subscribed and sworn to before me this 14TH day of JANUARY, 1955

(SEAL) B. G. Hutchison, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar

Notary Public, Residing at Burley, Idaho
My Commission Expires Nov. 10, 1955

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

395 110-016-313

County of Ossea

City of Jackson

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. b. No. 11-G—[illegible]

71985

Registration District No. 1917 2146

File No. 1343

Primary Registration District No. ~~2015~~

Registered No. 161

FULL NAME OF CHILD Floyd Lee Creason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Creason	FULL MAIDEN NAME	Mary Colar
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ranson	BIRTHPLACE	Okla.
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bern Alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

K ..... 19.....

Address Rupert

Registrar

Filed Aug 26 1919 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH
515 114 016 219

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71986

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. 197

File No. .....

Primary Registration District No. 2196

Registered No. 1340

FULL NAME OF CHILD Raymond ELMORE Van Leuven

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	July 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. L. Van Leuven	FULL MAIDEN NAME	Mary Ann E. Barker
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 7-29 1919

Registrar

Registrar

Dr. J. E. Patterson
Reg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 71986

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymond B. Van Leuvan (Name on Original Certificate) who was born (Was Born or Died) on July 4, 1919. (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record. (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Raymond B.	Raymond Elmore
Surname	Van Leuvan	Van Leuven

Subscribed and sworn to before me this 30th
day of September, 1943
Henry W. Tucker
Notary Public, residing at Burley
My commission expires 6-1-46
(Seal)

Signed Mrs. Mary E. Van Leuven
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RD#2 - Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of September, 1943
Henry W. Tucker
Notary Public, residing at Burley, Ida.
My commission expires 6-1-46
(Seal)

Signed Emma Green
(Signature of Any Credible Person Other Than Previous Year)
RD#2 Burley, Idaho
(Street Address, City, State)

OCT 8 1943

645-228-016-693

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

.71987

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1341

FULL NAME OF CHILD Emma Funkhouser

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	July 17 1919

FATHER		MOTHER	
FULL NAME	A. F. Funkhouser	FULL MAIDEN NAME	Lillie Wilson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Hsf.

Number of child of this mother, including present birth 12th Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 26 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

- 268-117-016-168

PLACE OF BIRTH

Amended Nov. 22, 1954

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 71988

Primary Registration District No. 2196 Registered No. 1340

FULL NAME OF CHILD WELLS FREEMAN KOYLE
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 17 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Silas Koyle	FULL MAIDEN NAME: Hannah Johnson
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Address Burley, Idaho

Filed Aug. 26 1919 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Please send 2 copies - $1.00 enclosed

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No. 71988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Koyle (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1919 (Date of Event),
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Viewed by Bd. of Vital Statistics, prepared on Sept. 5, 1919 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Baby Koyle	Wells Freeman Koyle

Subscribed and sworn to before me this 17th day of Nov., 19 54

Notary Public, residing at Rupert, Idaho
My commission expires March 3, 1958
(Seal)

Signed Hannah Koyle Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 2 Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November, 19 54

Notary Public, residing at Rupert, Idaho
My commission expires March 3, 1958
(Seal)

Signed Richard S Cook
(Signature of Any Credible Person)

Rupert, Idaho
(Street Address, City, State)

DPH 52-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rim-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 71988

Registration District No. 117

Primary Registration District No. 9196

File No. .....

Registered No. 1340

FULL NAME OF CHILD Baby Royle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 17 1919

FATHER	MOTHER
FULL NAME: Silas Royle	FULL MAIDEN NAME: Hannah Johnson
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: W. AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Hswf.

Number of child of this mother, including present birth 4th. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. H. Cutler M. D. (Physician or midwife)

Address Burley, Idaho

Filed Aug 26 1919 Dr. J. C. Patterson Registrar

NOV 2 3 1954

415-227-016-815

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

71989

County of Cassia

City of Burley

Name added 7/20/81

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1339

FULL NAME OF CHILD Edna Priscilla Danner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	June 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marshal Danner	FULL MAIDEN NAME	Myrtle Priscilla Hansen
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Herf

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cather

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Idaho

Filed Aug. 26 1919 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1981

6-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

State of CALIFORNIA
County of HUMBOLDT } ss.

JUN 24 1981
Bureau of Vital Statistics

Certificate No. 71989
Date Filed

The undersigned does solemnly swear that certain [illegible] on the certificate of birth

for Unnamed Danner (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-27-19 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Edna Priscilla Danner

Subscribed and sworn to before me this 17th day of June, 1981.

Notary Public, Adelissa L. Haigale

Residing at 334 F Street, Eureka, Ca.

My commission expires March 26, 1982

(Seal)

Edna Van Vlecke
Signature of Applicant

3135 Central Avenue
Eureka, Street Address, City, State Ca. 95501

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of MENDOCINO } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1981.

OFFICIAL SEAL
JEWELL E. STAUER
NOTARY PUBLIC - CALIFORNIA
MENDOCINO COUNTY
My Commission Expires Apr. 30, 1982

Notary Public, Jewell E. Stauer

Residing at Fort Bragg, Ca. 95437

My commission expires April 30, 1982

(Seal)

Fred H. Danner
Supporting Signature

Fort Bragg Calif.
Street Address, City, State

1 cc pd

Family Record sheet gives name as Edna Prescilla Danner born June 27, 1919, at Burley, Idaho, to Marshall Danner and Myrtle Prescilla Hansen. Record recorded Dec. 30, 1959.
Viewed by V.S.

Insurance Policy issued by the New England Mutual Life Insurance Company.
Issued October 16, 1973, Policy # 3 574 559, shows name as Edna P.Danner VanVleck.
Viewed by V.S. born June 27, 1919, in Burley, Idaho.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

817-109-016-842

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2190

File No. 71990

Registered No. 1338

FULL NAME OF CHILD Teddy Wilmore Hagman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		1	yes	July 9 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. C. Hagman	Carrie Huston
RESIDENCE	Burley, Idaho	Burley Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Ill.	Mo
OCCUPATION	Laborer	Housf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Adler

M. D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 26 1919 Dr. J. C. Patterson Registrar

cc 11-30-40

MAR 1 1973

491-217-016-154

PLACE OF BIRTH Amended 6/12/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—Rev. 8-8-17

CERTIFICATE OF BIRTH

71991

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1337

FULL NAME OF CHILD Velma Drage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of Birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	July 17 1919

FATHER		MOTHER	
FULL NAME	C. W. Drage	FULL MAIDEN NAME	Jennie Anderson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Aug. 26 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 5 11 28 AM '79

State of Idaho
County of Twin Falls } ss.

Certificate No. 71991
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Dredge (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 17, 1919 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Dredge	Velma Drage
father's name	Dredge	Drage

Subscribed and sworn to before me this 1st day of June, 19 79

Notary Public, Lesley L. Sullivan
Residing at Twin Falls
My commission expires 10-24-82
(Seal)

Velma Drage-Hitchler
Signature of Applicant

Box 252, Kimberly, Idaho 83341
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 19 79

Notary Public, Lesley L. Sullivan
Residing at Twin Falls
My commission expires 10-24-82
(Seal)

Mrs C. W. Hraze
Supporting Signature

Box 292, Carey, Idaho
Street Address, City, State

CL 4/9/79

Transcript from Burley Public School gies name as Velma E Drage. born July 17, 1919 at Burey, Idaho. dated 1931. viewed by V. X.

JUN 12 1979

Marriage Certificate from Idaho gives name as Lee Stanley Hanks and Velma Janet Drage. dted Aprl 22, 1939. viewed by V. S.

141-219-016-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 71992

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 4336

Hospital

FULL NAME OF CHILD Evelyn Louise Adamson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug. 19 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Adamson	Leverne Ellis
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Butcher	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Burley Ida M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Aug. 29, 1917 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-121-016-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **71993**

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. .....

Primary Registration District No. 2196 Registered No. 1335

FULL NAME OF CHILD Young

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Aug. 21 1919

FATHER		MOTHER	
FULL NAME	J. S. Young	FULL MAIDEN NAME	Lizzie Hunt
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 30 1919 Dr. J. C. Patterson Registrar

533-202.028-249

Form V. S. No. 11[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71994

County of Kootenai

City of Spirit Lake

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Delores May Elton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2nd	yes	June 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo J Elton	FULL MAIDEN NAME	Anna Smith
RESIDENCE	near Spirit Lake	RESIDENCE	near Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Phys.

(Physician or midwife)

Spirit Lake, Ida.

Given names added from a supplemental report.

..... 19..

Address .....

Thos Kadish
Registrar

Filed 9/23 1919

Thos Kadish
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/16/11. w.h.

DECEASED

652-128-028-268

PLACE OF BIRTH

Form V. S. No. 11-[illegible]-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71995

County of Kootenai

City of Spirit Lake

No. _____ St.

Hospital Prindle

Registration District No. 45

File No. _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Henry Joseph Weber

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	2nd	yes	Apr (Month) 28 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert L. Weber	FULL MAIDEN NAME	Mary E. Bohle
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Alsace Lorraine
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Address Spirit Lake Idaho

Filed 9/23 1919

Chas. Kanisch
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

Chas. Kanisch
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1947

MAR 20 1963

JAN 5 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-20-028-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

71996

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake Registration District No. 1405 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Georgia Blue House

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		1st	Yes	June 10 1919

FATHER		MOTHER	
FULL NAME	William Albert House	FULL MAIDEN NAME	Georgia O Wallin
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Georgia
OCCUPATION	Wood laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) F. R. McCormick

Phys.

(Physician or midwife)

Address Spirit Lake, Ida.

Filed 9/23 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

DEC 14 1962

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-43-216-028-943

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71997

County of Kootenai

City of Spirit Lake Registration District No. 46 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD CAROLE Maria Mullen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	June 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Mullen	Birtha Rushing
RESIDENCE	Spirit Lake	Spirit Lake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Washington	Arkansas
OCCUPATION	Locomotive Engineer	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) F. P. McCormick

Phys.

(Physician or midwife)

Address Spirit Lake, Ida.

Filed 9/23 1919

Registrar

Registrar

OCT 13 1943

958-120-028-154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71998

County of Kootenai

City of Spirit Lake Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD RICHARD KEITH REYNOLDS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	6th	Yes	May 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Reynolds	Dorothy Anderson
RESIDENCE	Spirit Lake	Spirit Lake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Illinois	Montana
OCCUPATION	Section Foreman	Home work

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick MD

(Physician or midwife)

Address Spirit Lake, Ida

Given names added from a supplemental report.

19

Registrar

Filed 9/23 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Filed 7/1 8905

MA

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 71998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Born (Birth or ~~Death~~)
for Richard Keith Reynolds (Name on Original Certificate) who Spirit Lake (Was Born or Died) on March 20th 1919 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Richard Keith Reynolds
Richard Keith Reynolds		

Subscribed and sworn to before me this 20th
day of March, 1942

Notary Public, residing at Spirit Lake, Idaho
My commission expires Feb. 23, 1946
(Seal)

Signed Dorothy E Reynolds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Spirit Lake, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1942

Notary Public, residing at Spirit Lake, Idaho
My commission expires Feb. 23, 1946
(Seal)

Signed Mrs Mildred Mason
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 25 1942

149-127-028-964

Form V. S. No. 17[illegible]--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

71999

County of Kootenai

City of Spirit Lake

Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Francis Raymond Jurdy

Sex of Child Male

Twin Triplet or other? — and Number in order of birth 1st (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Mar (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George J. Jurdy	FULL MAIDEN NAME	Mary Agnes Rodgers
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Syria	BIRTHPLACE	Montana
OCCUPATION	Laborer Lumber Yard	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Phys

(Physician or midwife)

Given names added from a supplemental report.

19 Address Spirit Lake, Ida.

Charles Kudish Registrar

Filed 9/23 1919 Chas Kudish Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 71999
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Francis Raymond Jurdy (Name on original certificate) who was born (Was born or died) on March 27, 1919 (Date of event)
in Spirit Lake, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Affidavit of Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
sex	~~Female~~	Male ✓
		Mary Agnes ~~Jurdy~~ Rodgers

Subscribed and sworn to before me this 23rd day of March, 1942

Alma S Reeck
Notary Public, residing at Spokane, Wash

My commission expires Oct 25-1943
[SEAL]

Signed Mrs George Jurdy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2207 E Sinto - Spokane, Wash
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of March, 1942

Alma S Reeck
Notary Public, residing at Spokane, Wash

My commission expires Oct 25-1943
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

George Jurdy
(Street Address, City, State)
2207 E Sinto - Spokane Wash

Received for filing on MAY 8 1942 by
(Registrar's signature)

MAY 1 1 1942

OCT 2 0 1942

314-111-028-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72000

County of Kootenai

City of Spirit Lake Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Donald Ferdinand Campbell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	-		2nd	yes	August 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Bruce Campbell	FULL MAIDEN NAME	Jennie Christofferson
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minnesota	BIRTHPLACE	Denmark
OCCUPATION	Bridge Foreman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Phys.

(Physician or midwife)

Given names added from a supplemental report.

Address Spirit Lake, Ida.

19

Charles Kanish
Registrar

Filed 9/23 1919 Chas Kanish
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

396 212 028-715

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

79001

County of Kootenai

City of Spirit Lake Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Esther Lauretta Crocker

Sex of Child Female | Twin Triplet or other? and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Paul J. Crocker	FULL MAIDEN NAME	Isabel A Gannon
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Edgerman Saw Mill	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Spirit Lake, Ida.

19

Hester Kanish Registrar

Filed 9/23 1919 Hester Kanish Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-216-028-415

Form V. S. No. 1[illegible]-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72002

County of Kootenai

City of Spirit Lake

Registration District No. 4[illegible] File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Audrey Cardine Waldecker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	Yes	Sept (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph J. Waldecker	FULL MAIDEN NAME	Carrie J. Davis
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick
Phys
(Physician or midwife)

Given names added from a supplemental report.

19

Address Spirit Lake, Ida.

Registrar

Filed 9/23 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

556-104-033-595

[redacted]ison

Form V. S. No. 11-O—[illegible]17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72003

City of Rexburg

Registration District No. 2178

File No.

No. ..... St.

Primary Registration District No. 100

Registered No. 46

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 4th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glen Newby	FULL MAIDEN NAME	Ella Nielsen
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Monroe Utah	BIRTHPLACE	Monroe Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Aug. 4th 1919. at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.

(Physician or midwife)**

Given names added from a supplemental report.

Address Rexburg Idaho

19

Filed 4-11-19

Registrar

Registrar

PLACE

Mad

766-284-033-162

[redacted]

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72004

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 4th 19

FATHER		MOTHER	
FULL NAME	Henry Woodliffe	FULL MAIDEN NAME	Anna Josephs
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Indiana
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Aug. 4th 1919, at 3-50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.
(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Filed 9-11-19

..... Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-105-033-546

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72005

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 2148

Primary Registration District No. 100

File No. .....

Registered No. 48

FULL NAME OF CHILD HOWARD R. WATSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	9-5-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fra Watson	FULL MAIDEN NAME	Annie Edwards
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ut	BIRTHPLACE	Ut.
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-11 1919

G. Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 72005
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Howard R. Watson (Name on original certificate) who born (Was born or died) on Sept. 5th 1919 (Date of event)
in Rexburg Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Watson	Howard R. Watson
Howard R. Watson	Howard R Watson	Howard R. Watson
Sept 5 1919	Sept 5 1919	Sept. 5, 1919

Subscribed and sworn to before me this 27th
day of September, 1941
H. I. Adams
Notary Public, residing at St Anthony
My commission expires April 1-1943
[SEAL]

Signed Mrs Ira Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of September, 1941
H. I. Adams
Notary Public, residing at St Anthony
My commission expires April 1-1943
[SEAL]

Signed Ira Watson
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAY 5 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2[illegible]

CERTIFICATE OF BIRTH

72006

County of Madison

City of Rexburg Registration District No. 2178 File No.

No. St. Primary Registration District No. 100 Registered No. 41

Hospital

FULL NAME OF CHILD Golda Fay Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	8-9-1919

FATHER		MOTHER	
FULL NAME	Wilford J Price	FULL MAIDEN NAME	Ivy J Judy
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 9-9 1919

Registrar

G G Espe

Registrar

SEP 6 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 20 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 72006

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Price (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 9, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Golda Fay Price

Subscribed and sworn to before me this 17th day of April, 19 67

Mary E. Blackmer

Notary Public, residing at Las Cruces, N.M.

My commission expires 2-1-71

(Seal)

Signed X Mrs. Josephine Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

766 1st Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Mexico } ss.
County of Dona Ana }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 19 67

Mary E. Blackmer

Notary Public, residing at Las Cruces, N.M.

My commission expires 2-1-71

(Seal)

Signed Vanita Hope Bean
(Signature of Any Credible Person)

1722 N 400 So. Orem, Utah
(Street Address, City, State)

FORM DH 60-155 CL 3-7-67. one copy pd. rec. #19268.

~~TEMPLE/RECOMMEND~~

Photo Copy of Index Card to Logan Temple Records, No. 1261, Book B-2, Page 49 gives full name as Golda Fay Price, born Aug. 9, 1919 at Salem, Idaho to Wilford James Price and Ivie Josephine Judy, baptized Sept. 3, 1928 - married July 23, 1940 - viewed by V.S.

AUG 9 1967

Temple Recommend, L.D.S. Church, Las Cruces Ward, ElPaso Stake, gives full name as Golda Fay Price Hope - viewed by V.S.

11-5-111-8-33-893

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72007

County of Madison

City of Burton

Registration District No. 2178

File No.

No. ..... St.

Primary Registration District No. 100

Registered No. 570

Hospital .....

FULL NAME OF CHILD Alonzo Delmar Janson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 11th 19

FATHER

FULL NAME: Gustave Janson

RESIDENCE: Burton Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Sandy Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara Hill

RESIDENCE: Burton Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: England

OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive On Aug. 11th, 1919 at 12-45 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson M.D.

(Physician or Midwife)

Address Rexburg Idaho.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Aug. 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1981

4-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 72007
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-11-19 (Date of Event)

in Burton (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Jensen	Alonzo Delmar Janson
fathers last name	Jensen	Janson

Subscribed and sworn to before me this 28 day of May, 1981

Notary Public, _____

Residing at Rexburg

My commission expires 2-1-84

(Seal)

Alonzo D Janson
Signature of Applicant

232 So 3rd West Rexburg
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Baptism and Confirmation gives name as Alonzo Delmar Janson son of Gustave Janson and Clara Hill, born August 11, 1919, at Burton, Idaho, and Baptized March 2, 1928, in L.D.S.Church.
Viewed by V.S.

Honorable Discharge issued by the Army of the United States gives name as Alonzo D. Janson 390682 528 312 Bomb Gp. Issued October 19, 1945, gives birthdate as August 11, 1919, at Rexburg, Idaho.
Viewed by V.S.

693-126-833-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72008

County of Madison

City of Rexburg

Registration District No. 2178

File No.

No. St.

Primary Registration District No. 100

Registered No. 51

Hospital

FULL NAME OF CHILD ROBERT EZRA WILLIAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8-21-1919

FATHER		MOTHER	
FULL NAME	Ezra Lyle Williams	FULL MAIDEN NAME	Eda Blaser
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ut.	BIRTHPLACE	Switz.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 9-9-1919

Registrar

G G Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MA[illegible] 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 72008

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert Ezra Williams (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1919 (Date of Event) in Rexburg, Madison Co. Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert Ezra Williams

Subscribed and sworn to before me this 16th day of March, 1942

S.M. Blaylock

Notary Public, residing at Idaho Falls, Idaho

My commission expires February 20, 1944
(Seal)

Signed Mrs Lyle Williams (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 9th Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1942

S.M. Blaylock

Notary Public, residing at Idaho Falls, Idaho

My commission expires February 20, 1944
(Seal)

Signed Lyle Williams (Father)
(Signature of Any Credible Person Other Than Previous Year)

225 - 9th Idaho Falls
(Street Address, City, State)

24 1942

719-422-033-843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72009

County of Madison

City of Rexburg

Registration District No. 2178

File No.

No. St.

Primary Registration District No. 100

Registered No. 52

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	8-22-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph A. Barker	Vie Hutchings
RESIDENCE	Rexburg Ida.	Rexburg Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Ida.	Ut.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cope

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed 9-9-19

G G Cope Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-123-033-993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

73010

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 2178

Primary Registration District No. 100

File No. .....

Registered No. 53

FULL NAME OF CHILD EDGAR KEITH STOTT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8-23-1919

FATHER		MOTHER	
FULL NAME	Edgar S. Stott	FULL MAIDEN NAME	Florence Ricks
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4-7-1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72010

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible]

DEC 1 1941

Certificate No. 72010
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Stott (Name on original certificate) who was born (Was born or died) on Aug. 23, 1919 (Date of event)
in Rexburg, Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by blessing cirtificate (Bible record, insurance policy, etc.) prepared on October 5, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Stott	Edgar Keith Stott

Subscribed and sworn to before me this 28
day of [illegible] 19 41

Signed Edgar K. Stott Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
Notary Public, residing at Douglas Co Ida

Douglas Canyon
(Street Address, City, State)

My commission expires
[SEAL] My Commission Expires May 17, 1942

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
Notary Public, residing at .....

.....
(Street Address, City, State)

My commission expires .....
[SEAL]

Received for filing on ..... By .....
(Registrar's signature)

JUN 26 1961

195-124-033-756

Form V. S. No. 11-C—25m-9-3-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72011

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 2178 File No. .....

Primary Registration District No. 100 Registered No. 54

FULL NAME OF CHILD KENNETH DEWEY ARNOLD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	8 29 1919

FATHER		MOTHER	
FULL NAME	Dewey Arnold	FULL MAIDEN NAME	Helena George
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida
COLOR	W AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/4 1919 G G Espe

Registrar Registrar

and the number of each, in order of birth ...

OCT 19

857-225-033-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 2178

File No. 72012

Primary Registration District No. 100

Registered No. 55

FULL NAME OF CHILD Helen Hegsted

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	5 25 1919

	FATHER	MOTHER
FULL NAME	John Hegsted	Edna Porter
RESIDENCE	Rexburg Ida	Rexburg Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	33
BIRTHPLACE	Ut	Ut
OCCUPATION	Real-Estate	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2309 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Gillespie M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/4 1919 G Gillespie

Registrar

JUL 21 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 72012

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hegsted (female child) (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on September 1, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Hegsted

Subscribed and sworn to before me this 6th day of June, 19 68

Ruth A. Williams

Notary Public, residing at Boise, Idaho

My commission expires October 12, 1968

(Seal)

Signed Vera P Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

605 Warm Springs Avenue
Boise, Idaho 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19 68

Ruth A. Williams

Notary Public, residing at Boise, Idaho

My commission expires October 12, 1968

(Seal)

Signed Clarence J. Taylor
(Signature of Any Credible Person)

605 Warm Springs Avenue
Boise, Idaho 83702
(Street Address, City, State)

CL 8-16-67.

FORM DH 60-155

Rexburg, Idaho Public School Report Card, first grade, school year 1926-1927 gives full name of student as Helen Hegsted - viewed by V.S.

JUN 6 1968

Promotion Record, Rexburg Public School, Rexburg, Idaho, dated May 13, 1927, teacher-Arvilla Woolston gives full name of student as Helen Hegsted - viewed by V.S.

193-128-1033-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Registration District No. 2178 File No. 72013

No. ..... St. Primary Registration District No. 100 Registered No. 56

Hospital .....

FULL NAME OF CHILD Blair Watson Archibald

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8-28-19

FATHER	MOTHER
FULL NAME David Archibald	FULL MAIDEN NAME Lillie Stallings
RESIDENCE Rexburg, Ida	RESIDENCE Rexburg, Ida
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Cook

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 4-9-1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Name taken from Baptismal certificate submitted
1-10-45

JAN 10 1945

214-230-33-993

Amended 8-9-61

(Be sure the information is complete and accurate)

State File No. 72014

Local Reg. No. 57

Reg. Dist. No. 2178

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Ida.

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Iola b. (Middle): c. (Last): Saurey

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 8 - 30 - 1919

FATHER OF CHILD

7. FULL NAME a. (First): Heber b. (Middle): c. (Last): Saurey

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Sophy b. (Middle): c. (Last): Ricks

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: G. G. Espe

18c. ADDRESS:

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-9-1919

20. REGISTRAR'S SIGNATURE: G. G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. Was a stillborn

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Madison } ss.

Certificate No. 72014

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Saurey (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 30, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Iola Saurey
Full Maiden Name of Mother	Sophia Ricks	Sophy Ricks

Subscribed and sworn to before me this 21st day of July, 19 61

Alice Tout

Notary Public, residing at Rexburg, Idaho

My commission expires July 23, 1963

(Seal)

Signed Darlene Blackburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DN 60-155 L 7-19-61. one copy pd. receipt #13291.

State of Idaho Public Elementary School Diploma, May 1, 1933 gives full name as Iola Saurey - viewed by V.S.

State of Idaho Marriage License and Certificate, County of Fremont, married Nov. 22, 1935 gives full name of groom as Keith L. Jeppesen and full maiden name of bride as Iola Saurey - viewed by V.S.

Another child's birth certificate on file (Idaho Birth) #104976 gives full maiden name of mother as Sophy Ricks - viewed by V.S.

Mother's Death Certificate on file (Idaho Death) #59-2137 gives full maiden name as Sophy Ricks - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72014

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 2178

Primary Registration District No. 100

File No. .....

Registered No. 57

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
[illegible]		Yes	8-30-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heber Sauey	FULL MAIDEN NAME	Sophia Ricks
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-9-1919

..... Registrar

G. G. Espe

..... Registrar

AUG 9 1961

445-231-033-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72015

County of Madison

City of Thornton

Registration District No. 2178

File No.

No. ..... St.

Primary Registration District No. 100

Registered No. 58

Hospital

FULL NAME OF CHILD Alta Irene Munns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	8-31-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin W. Munns	FULL MAIDEN NAME	Clara June Brindley
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 9-9-1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 13 2 05 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO, } ss.
County of Madison. }

Certificate No. 72015

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Munns (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 31, 1919 (Date of Event)
in Thornton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Alta Irene Munns

Subscribed and sworn to before me this 6th day of January, 1976

Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires Life.
(Seal)

Signed Alvin M. Munns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, Box 18, Thornton, Idaho 83453
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of Madison. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1976

Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires Life.
(Seal)

Signed Edna Munns
(Signature of Any Credible Person)

Rt. 1, Box 18, Thornton, Idaho, 83453.
(Street Address, City, State)

FORM DH 60-155 CL 12/29/75 nm

K

Census Marchalls' recor fro September 1930 to Sept 1931 gives name as Alta Irene Munns and parent's nameas Alvin W. Munns. viewed by V. S..

Own child's birth certif on file in Idaho gives child's name as Lawrence Alvin Benson born April 24, 1949. father's name as Herbert Lawrence Benson and mother's name as Alta Irene Munns. viewed by V. S (file No. 49-4735)

JAN 19 1976

769-101-033-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72016

County of Madison

City of Rexburg

Registration District No. 2178

File No.

No. St.

Primary Registration District No. 100

Registered No. 59

Hospital

FULL NAME OF CHILD Farr Jay Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	9-1-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron B. Porter	FULL MAIDEN NAME	Allamna Nichols
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cope

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 9-9 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 3 3 35 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 72016

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Porter (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1- 1919 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Porter	Farr Jay Porter

Subscribed and sworn to before me this tenth day of July, 1978

Elizabeth R. Floyd

Notary Public, residing at Los Angeles California

My commission expires July 24, 1980

(Seal)

Signed Farr Jay Porter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of July 1978

Kathleen J. Wilson

Notary Public, residing at 6001 Topanga Cyn. Blvd

My commission expires Dec 5, 1980

(Seal)

Signed Frances A. Scott

(Signature of Any Credible Person)

9778 Creemore Dr Tujunga Cal 91042

(Street Address, City, State)

FORM DH 60-155

Social Security Card (519-05-4575) gives name as Farr Jay Porter dated Aug 19, 1937. viewed by V. S.

Honorable Discharge from the XXX.U.S. Army gives name as Farr J. Porter inducted Mar 20, 1941. discharged Sept 4, 1942. viewed by V. S

6/30/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72016

Date Filed .....

The uncersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Porter (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1- 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Porter	Farr Jay Porter

Subscribed and sworn to before me this tenth day of
July, 19 78

Signed Farr Jay Porter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at Los Angeles California
My commission expires July 24, 1980
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
July, 19 78

Signed Frances G. Scott
(Signature of Any Credible Person)

Notary Public, residing at 6001 Topanga Can. Blvd.
My commission expires Dec. 5 1981
(Seal)

9778 Creemore Dr Tujunga Cal 91042
(Street Address, City, State)

FORM DH 10. 155

As soon as we receive the two documents and the affidavit, we will make the correction. Since our fee for each certified copy is $2.00, please enclose the proper amount in cash or money order.

KATHLEEN J. WILSON
NOTARY PUBLIC-CALIFORNIA
COUNTY OF LOS ANGELES
My Commission Expires DECEMBER 5, 1981
6001 TOPANGA CANYON BLVD.
WOODLANDS HILLS, CA 91364

Sincerely,
Margaret Davis
for
Janet M. Wick, State Registrar
Bureau of Vital Statistics

ind

EQUAL OPPORTUNITY EMPLOYER

JUL 21 1978

71 4-102.033-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE [illegible]
BUREAU OF V[illegible]TICS
CERTIFICA[illegible] 72017

County of Madison

City of Rexburg

Registration District No. 2172 File No.

No. St.

Primary Registration District No. 100 Registered No. 60

Hospital

FULL NAME OF CHILD Wallace Alfred Paul

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9-2-1919

FATHER		MOTHER	
FULL NAME	Alfred Paul	FULL MAIDEN NAME	Jenny Jensen
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Denmark
OCCUPATION	Pool Hall Clerk	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

Med. (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 9-4-1919

Registrar

G. G. Espe

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

C99-122-
PLACE O
038894

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72018

County of Payette

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4 File No. _____

Primary Registration District No. 1008 Registered No. 34

FULL NAME OF CHILD Jack Willard Orr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	6 22 1919

FATHER	MOTHER
FULL NAME: John W. Orr	FULL MAIDEN NAME: Minnie M. Hiatt
RESIDENCE: Payette	RESIDENCE: Payette
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Iowa
OCCUPATION: mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. McDonald M.D.

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June 24 19 19 J. G. Woodward Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

219-124 028-25-5

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 72019

Primary Registration District No. 1008 Registered No. 35

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 24 1919

FATHER		MOTHER	
FULL NAME	Henry D Bartenhagen	FULL MAIDEN NAME	Matilda Meiss
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Germany	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. R. Woodward, M.D.

(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 26 1919 J. G. Woodward Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BARTENHAGEN

747-130-038-165

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 72021

Primary Registration District No. 1008 Registered No. 37

FULL NAME OF CHILD Rodney Gupton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clinton M Gupton	Winifred Jones
RESIDENCE	Payette Idaho	Payette Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Mo.	California
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

(Signature) J. A. Woodward, M.D.

(Physician or midwife)

Address Payette, Idaho.

Filed Aug 5 1915 J. C. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-104-038-813

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72022

Registration District No. 4 File No. ____

Primary Registration District No. 1008 Registered No. 38

FULL NAME OF CHILD Lyman Lee Handy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 4 1919

	FATHER	MOTHER
FULL NAME	Clarence L. Handy	FULL MAIDEN NAME Lilly May Hall
RESIDENCE	Payette Idaho	RESIDENCE Payette Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE Idaho
OCCUPATION	Truck Driver (auto)	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Woodward, M.D.
(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed Aug 10 1919 J. C. Woodward
Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

JUL 22 19

863/16.038-297

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72023

Registration District No. 4 File No. _____

Primary Registration District No. 1008 Registered No. 39

FULL NAME OF CHILD Donald Lawrence Hollandsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 16 1919

FATHER		MOTHER	
FULL NAME	L. Hollandsworth	FULL MAIDEN NAME	Helen Biserman
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3-4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 20 19 19 J. B. Woodward Registrar

2-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 1 5 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 22 12 16 PM '73

State of Wyoming } ss.
County of Hot Springs

Certificate No. 72023

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hollandsworth (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16, 1919 (Date of Event)

in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Donald Lawrence Hollandsworth

Subscribed and sworn to before me this 12 day of September, 1973

[signature]

Notary Public, residing at Thermopolis, Wyo.

My commission expires Sept 6, 1977

(Seal)

Signed Bernice E. Chism

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8/15/73

Discharge from Navy gives name as Donald Lawrence Hollandsworth born Aug. 16, 1919. date of xxx separation July 12, 1960. Viewed by V. S.

NOV 19 1973

Certificate of Marriage from St. Mary's, Newport, R. I. gives groom's name as Donald Lawrence Hollandsworth and the bride's name as Pauline Lucille Saulnier dated April 7, 1947. Viewed by V. S.

The Holy Scramentof Baptism from St. Aloysius, New Plymouth, Idaho gives name as Donald Lawrence Hollenworth son of James Hallensworth and Helen Bixenman. Born Aug 18, 1919. Was Baptized Oct. 12, 1919. Viewed by V. S.

685-223-038-693

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
DEPARTMENT OF HEALTH
BIOSTATISTICS

CERTIFICATE OF BIRTH

72024

Registration District No. 4

File No. .....

Primary Registration District No. 1008

Registered No. 40

Full Name of Child Mickey Muriel Wheeler

SEX OF CHILD Female	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Wheeler	FULL MAIDEN NAME	Bessie B. Oglesby
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.35 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette Ida 1016 Center

Registrar

Filed Aug 30 1919 J. C. Woodward

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 28 1943

CERTIFICATE OF BIRTH

256.216.028:415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72025

County of Kootenai

City of Spirit Lake Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Althea Jean Snooks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and — (To be answered only in event of plural births)	9th	yes	July 16 1919

FATHER		MOTHER	
FULL NAME	Eugene Snooks	FULL MAIDEN NAME	Frances Davis
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick
Phys.
(Physician or midwife)

Address Spirit Lake, Ida.

Given names added from a supplemental report.

19

Registrar

Filed 9/23 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-202-042-433

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72026

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Edith Odette Handley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Aug. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Handley	FULL MAIDEN NAME	Icie Lea McCampbell
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Knoxville, Tenn.	BIRTHPLACE	Knoxville, Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl, Ida.

Filed Sept 1 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 15 1944

65-103-042-884

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—~~25m-9-8-17~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72027

Registration District No. 29

File No. .....

Primary Registration District No. 2687

Registered No. .....

FULL NAME OF CHILD Vernon George Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	8-3-19

FATHER	MOTHER
FULL NAME C. V. Weaver.	FULL MAIDEN NAME Ruby E. Gear.
RESIDENCE Buhl.	RESIDENCE Buhl
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Nat.	BIRTHPLACE Mich.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy

J. N. Murphy
(Physician or midwife)

Address Buhl

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-5 1919

J. N. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 693-205-042-655

County of Twin Falls

City of Buhl, Idaho,

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 72028

Registered No. .....

FULL NAME OF CHILD Cecile Margaret Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 - 5 - 1919

FATHER		MOTHER	
FULL NAME	F. L. Wilson	FULL MAIDEN NAME	Mary Weeden
RESIDENCE	Buhl, Idaho.	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	No.	BIRTHPLACE	No.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClurky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed Sept 1 1919 D. T. Murphy

Registrar

Registrar

MAR 3 1947

FEB 27 1952

334-210-042-614

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72029

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Goldie Lois Clute

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Aug 10 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred T Clute	Goldie Jane Hauches
RESIDENCE	Buhl Idaho	Buhl Idaho
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	So Elgin Ill.	Tuckaleechee Cove Tenn
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.
(Physician or midwife)

Address Buhl, Idaho.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Sept 1 19 17 J. T. Murtha
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

249-5116-042-168

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 72030

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Clifford Earl Burns

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	8-16-191[illegible]

FATHER		MOTHER	
FULL NAME	C. W. Burns	FULL MAIDEN NAME	Ida Johnson
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Homemaker

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or midwife)

Address Buhl Idaho

Filed Sept 1 19 17

[signature] Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 72030
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Burns	CLIFFORD Earl Burns

Subscribed and sworn to before me this 23rd day of December, 1941.

Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Clifford W. Burns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of Los Angeles

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 1941.

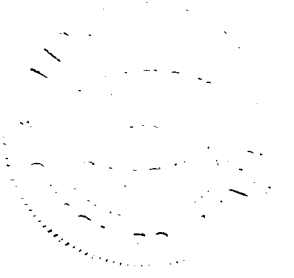
Albert Isen
Notary Public, residing at Torrance Calif.
My commission expires May 22, 1943
[SEAL]

Signed Helen L. Davis
(Signature of any credible person other than the previous affiant.)

247-E 67th Way, Long Beach, Calif.
(Street Address, City, State)

K Received for filing on By (Registrar's signature)

DEC 23 1941



252-116-042-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72031

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Emery Clarence Bess

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Frederick Bess	FULL MAIDEN NAME	Agnes Louise Brackley
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	Wht. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Marquand Mo.	BIRTHPLACE	Ft Still. Wyo.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Buhl Idaho

Filed Sept 1 1919

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1947

SEP 24 1959

239-218-042-803

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Idaho

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72032

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Iris Irene Blick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	8 18 1919

FATHER		MOTHER	
FULL NAME	W. F. Blick	FULL MAIDEN NAME	Ora Hallett
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Colorado	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*,

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed Sept 1 1919 J. H. Wingley

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1942

613-219-042-862

PLACE OF BIRTH

Form V. S. No. 11-C—40m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Idaho — Registration District No. 39 — File No. 72033

No. ..... St. — Primary Registration District No. 2087 — Registered No. .....

Hospital ..... Sekd

FULL NAME OF CHILD ~~.....~~ M. Watanabe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 19 19

FATHER		MOTHER	
FULL NAME	Ben S. Watanabe	FULL MAIDEN NAME	Katsa Yoshioka
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl Ida.
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 45 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Buhl Idaho

Filed Sept 1 19 19 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-120-042-867

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72034

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD John Bailey Collins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes.	8 20 1919

FATHER		MOTHER	
FULL NAME	C. E. Collins	FULL MAIDEN NAME	Mary Hogg
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wurfley

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl

Filed 8-21 1919 J. H. Wurfley

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Putnam }

JAN 29 1942

Certificate No. 72034

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John Bailey Collins (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 20, 1919 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	John Bailey Collins

Subscribed and sworn to before me this 26th
day of January 19 42

Luther E. Proffer
Notary Public, residing at Unionville, Mo.

My commission expires June 1, 1945
(SEAL)

Signed Mary Collins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

209 N 10th St. Unionville, Mo.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Putnam }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of January 19 42

Luther E. Proffer
Notary Public, residing at Unionville, Mo.

My commission expires June 1, 1945
(SEAL)

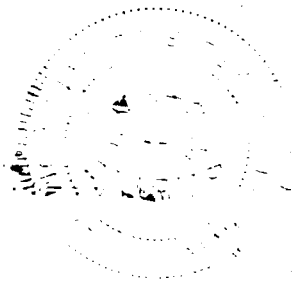
Signed W. V. Loane
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Unionville, Missouri
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

JAN 29 1942

FEB 3 1942



953-221-042-962

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72035

Registration District No. 39

File No. .....

Primary Registration District No. 9081

Registered No. .....

FULL NAME OF CHILD RETA IRENE RECTOR

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	Fourth	Yes	Aug. 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarance Maxie Rector	FULL MAIDEN NAME	Fannie Lee Roberts
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cherry Vale Kansas	BIRTHPLACE	Greenforest Ark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe M.D.

Buhl, Idaho.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Aug. 23, 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

OCT 8 1941

Certificate No. 72035

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in East Ford Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Aug. 21, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Rector	Reta Irene Rector

Subscribed and sworn to before me this 3rd day of October, 19 41

Notary Public, residing at Buhl, Ida.

My commission expires 6/19/1943

[SEAL]

Signed Mrs. C. M. Rector (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Buhl Route 1 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

213121-042-5-42

Form V. S. No. 12-C—20m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 72036

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lester La Vere Ballou

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	8 21 1919

FATHER		MOTHER	
FULL NAME	L. C. Ballou	FULL MAIDEN NAME	Pearl Eustis
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mass.	BIRTHPLACE	Ark
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl

Filed 9-22 1919 J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 4/24/41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-221-042-315

PLACE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

72037

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Margaret Bryant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	8 21 1919

FATHER		MOTHER	
FULL NAME	E. O. Bryant	FULL MAIDEN NAME	Bessie Cannon
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kan
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-22 1919 J. H. Murphy Registrar

STATE OF OHIO

Certificate of Marriage gives her name as Margaret Bryant ~~xxxx~~ dated August 29, 1939.
Viewed by V,S,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Public School Diploma gives name as Margaret Bryant dated May 12, 1933.
Viewed by VS..

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lincoln

Certificate No. 72037

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bryant (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1919 (Date of Event)
in Castleford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Bryant

Subscribed and sworn to before me this 20th day of July, 19 62
Notary Public, residing at Shelley Idaho
My commission expires Aug 13, 1964
(Seal)

Signed Mrs Bessie Bryant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1962
Notary Public, residing at Shelley Idaho
My commission expires Aug 13, 1964
(Seal)

Signed X Erinney Bryant
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-13-62. one copy pd. rec. #6784.

JUL 23 1962

279-124-042-685

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72038

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Verbie Spicer

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 24 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Thomas Spicer	Ida Whetmer
RESIDENCE	Buhl, Ida.	Buhl Ida
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	La Harpe, Ill.	Eagle Rock, Va.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George L. Emmig M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1 1917

J. T. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

219-128-042-866

PLACE OF BIRTH

name added 10-21-81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72039

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD William H Barron

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Barron	FULL MAIDEN NAME	Easter Howard
RESIDENCE	Buhl Ida	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wash
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Phic Clusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 1 1919

J. H. Murdell
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

10-13-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
OCT 19 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

Certificate No. 72039
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Barron (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-28-19 (Date of Event)

in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	William H Barron

Subscribed and sworn to before me this 15th day of October, 1981.

Notary Public, [signature]
Residing at Buhl Idaho
My commission expires 1-10-82
(Seal)

X George T. Smith
Signature of Applicant
13 Manor Dr. Buhl Idaho 83316
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OCT 21 1981

Honorable Discharge from United States Army gives William H Barron was discharged at Gowen Fld Boise, Idaho on September 28, 1945. Viewed by V.S.

Application for insurance to Mutual Life Insurance Company gives William H Barron born 8-28-19 at Buhl application dated July 7, 1967. Viewed by V.S.

555-130-042-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 72040

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Davenport Eveleth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	8 (Month) – 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Eveleth	FULL MAIDEN NAME	Elvie G Davenport
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Pennsylvania
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 1 1919

J. L. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-203-018-819

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted]F VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 91

Primary Registration District No. 7168

File No. 72041

Registered No. 43

FULL NAME OF CHILD Pauline Bobbitt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	6/3/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh Bobbitt	FULL MAIDEN NAME	Mabel Harrington
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Lewiston, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Orofino Idaho

Filed Aug 1 1919 J M Faith Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

—N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOBBITT

195-103-018557

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 72042

Primary Registration District No. 2168 Registered No. 44

FULL NAME OF CHILD Roy Clyde Arnold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Aug 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar Arnold	FULL MAIDEN NAME	Emerette Evans
RESIDENCE	Orofino Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Orofino Ida

Filed Sept 1 1919 J McFairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766 219-018-386

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72043

County of Clearwater

City of Kamiah

Registration District No. 90 File No.

No. St.

Primary Registration District No. 2168 Registered No. 45

Hospital

FULL NAME OF CHILD Alice Mercedes Poole

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Poole	Cora Mae Harper
RESIDENCE	Kamiah Ida	Kamiah Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Neb	Troy Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

(Signature) J. M. Dainty

Physician

(Physician or midwife)

Address Kamiah Ida

Filed Aug 19, 1919 J. M. Dainty

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 30, 1941. E.M.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-220-018-443

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72044

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 46

FULL NAME OF CHILD Gureta Avalon Beard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 20 1919

FATHER		MOTHER	
FULL NAME	Mel Beard	FULL MAIDEN NAME	Dessie Mulvanin
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Sept 1 1919 J. M. Fairly Registrar

S-Y-CO 38071

APR 25 1962

FEB 19 1948

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

State File No. 72045
Local Reg. No. 1004
Reg. Dist. No. 2

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
THOMAS	JAMES	STOCKETT	MALE	JULY 15, 1919	9:45P M

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
ST LUKES HOSPITAL	BOISE	ADA

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
DR. JOHN BOECK, M.D.	7/15/19	

5d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
JOHN BOECK, M.D.	BOISE, IDAHO

6a. REGISTRAR (Signature) ▶	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
L. P. PFIRMAN	JULY 17, 1919

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
SUSIE		LYTLE	28	COLORADO

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	8e. INSIDE CITY LIMITS (Yes or No)
IDAHO	BINGHAM			

9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
RONALD		STOCKETT	32	KANSAS

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Parent or Other Informant) ▶	11b. RELATION TO CHILD
RONALD AND SUSIE STOCKETT	FATHER AND MOTHER

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)

PREGNANCY HISTORY (Complete each section)		18. EDUCATION – MOTHER (Specify only highest grade completed)		19. EDUCATION – FATHER (Specify only highest grade completed)	
LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)
17a. Now 17b. Now	17d. Before 20 17e. After 20	DATE LAST NORMAL MENSES	MONTH OF PREGNANCY PRE	PRENATAL VISITS	APGAR SCORE

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

OCT 0 1 1992

(35202.001-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72046

County of Ada

City of Boise

No. 211 So 8th St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 239

FULL NAME OF CHILD EUGENIA Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael Alexander	FULL MAIDEN NAME	Balaso Mastora
RESIDENCE	212 So. 8. Boise, Ida.	RESIDENCE	211-So 8th Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 2-1919 at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbros

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 8/7 1919 L. P. Forman

Registrar

S-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 72046
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~August 2, 1919~~ births (Birth or death)
for — Alexander (Name on original certificate) who born (Was born or died) on August 2, 1919 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by name later decided upon (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	— Alexander	Eugenia Alexander

Subscribed and sworn to before me this 12-TH day of June, 19 41

Roberta Randall
Notary Public, residing at Boise Idaho
My commission expires Oct 24-1942.
[SEAL]

Signed Emile Alexander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1602 Bannock, Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho. } ss.
County of ada. }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12-TH.
day of June, 19 41.

Roberta Randall
Notary Public, residing at Boise Idaho.
My commission expires Oct 24-1942.
[SEAL]

Signed Bella Alexander
(Signature of any credible person other than the previous affiant)
1602 Bannock Boise Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

AUG 1 4 1973

449-205-001-349

Form V.S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

Registration District No. 2

File No. 72047

No. ..... St.

Primary Registration District No. 1004

Registered No. 240

Hospital St. Lukes

FULL NAME OF CHILD Amy Corinne Durham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	Aug 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Prestley Durham	FULL MAIDEN NAME	Rosy M. Curtis
RESIDENCE	Bountiful Utah	RESIDENCE	Bountiful - Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sharon, Tenn	BIRTHPLACE	Idaho.
OCCUPATION	Veterinary	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed 8/9 1919 L. R. Forman

Registrar

Registrar

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613-110-001-294

PLACE OF BIRTH

[redacted] STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

72048

County of Ada

City of Boise

No. 505 S. 14 St.

~~Hospital~~ home

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 241

FULL NAME OF CHILD Fackrell

Sex of Child	~~Twin, Triplet, or other?~~ and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1st (To be answered only in event of plural births)	yes	Aug 10, 1919

FATHER		MOTHER	
FULL NAME	Lyman Fackrell	FULL MAIDEN NAME	Audrey Bruno
RESIDENCE	505 S 14 St Boise	RESIDENCE	505 S 14 St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Boise Idaho
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10-40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Kingsbury D.O.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8/11 1919 [signature] Registrar

Registrar

S-Y CO., 16670

[redacted]

PLACE OF BIRTH

963-208 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 72050

No. ..... St.

Primary Registration District No. 1004

Registered No. 243

Hospital St Alphonsus

FULL NAME OF CHILD Phyllis Mae Rathmann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		yes	8 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Christian J. Rathmann	FULL MAIDEN NAME	Helen E Way mire
RESIDENCE	St. Paul Minn.	RESIDENCE	St. Paul Minn
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Fred A. Pettinger

Physician (Physician or midwife)

Address Overland Bldg

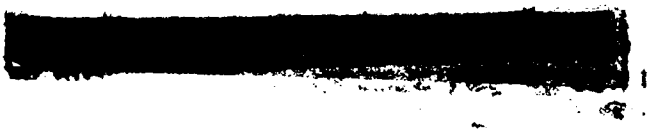
Filed 8/11 19 19 L P Jetman Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



122-125:001-289

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72051

County of Ada

City of Boise

No. ____ St.

Registration District No. 2 File No. ____

Primary Registration District No. 1004 Registered No. 244

Hospital St. Lukes.

Full Name of Child [redacted]

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes.	7 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas W. Abbott.	Bessie Byrd.
RESIDENCE	Hagerman.	Hagerman.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	40.	30.
BIRTHPLACE	Colo.	Colo.
OCCUPATION	Sheep grower.	Home wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive, at 6.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M. D.
(Physician or midwife)

Address [redacted]

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/11 19 19 [redacted]

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNF

PLACE OF BIRTH

859-228-001-418

County of Ada

City of Boise

No. 815 N 7 St.

Hospital St Lukes

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 72052

Primary Registration District No. 1004

Registered No. 245

Full Name of Child Dorothy Louise Herbert

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 28 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Gustav A Herbert	FULL MAIDEN NAME Helfrid M Dahlstrom
RESIDENCE 815 N 7 St. Boise Ida	RESIDENCE 815 N. 7 St. Boise Ida
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Iron Mountain Mich.	BIRTHPLACE Iron Mountain Mich.
OCCUPATION Minister	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 8/12 1919 L R Freeman

Registrar

JUL 2 8 1943

122-125-001-915

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St Lukes.

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72053

Registration District No. 2 File No. _____

Primary Registration District No. 1004 Registered No. 246

Full Name of Child Edward Lee Abbott

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH 7 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	E. Lee Abbott.	FULL MAIDEN NAME	Margaret Ransom
RESIDENCE	Meridian	RESIDENCE	Meridian.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Neb. Idaho	BIRTHPLACE	Neb.
OCCUPATION	Rancher.	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4.

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill. M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 8/11 1919 L. R. Froman

Registrar

N. B.—In case of more than one child at birth, a SEPARA[illegible] for each and the number of each, in order of birth stated.

OCT 30 1964

353-103-001-199

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72054

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No. 247

Hospital St Alphonsus

FULL NAME OF CHILD ~~Infant Lete~~ Domingo Lete

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	a		2	yes	Aug 3 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Simeon Lete	FULL MAIDEN NAME	Dolores ~~[illegible]~~ Arriola
RESIDENCE	Bench	RESIDENCE	Bench
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	~~H W~~ Sheepman	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 3 Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 302 Mo Curty Blvd

Filed 8/15 1919 L P Brosman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1950

MAR 1 1957

MAY 6 1964

JUN 18 1970

OCT 4 1954

DEC 4 1957

294-127-001-215

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72055

County of Ada

City of Boise

No. 521 Grove St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 248

Hospital

FULL NAME OF CHILD ~~Jesus~~ JESS LOUIS Bideganeta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Ma		Yes.	7 ~~24~~ 27th 1919

FATHER		MOTHER	
FULL NAME	Raymond Bideganeta	FULL MAIDEN NAME	Maria Saulamaria
RESIDENCE	521 Grove St.	RESIDENCE	521 Grove St
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	ACORDA, VIZCAYA, SPAIN	BIRTHPLACE	ACORDA VIZCAYA, SPAIN
OCCUPATION	LABOURER	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettengill

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Overland Bldg

Filed 8/6 1919 Firman Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 72055

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jess Louis Bideganeta (Name on Original Certificate) who born (Was Born or Died) on July 27 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jesus	Jess Louis Bideganeta

Subscribed and sworn to before me this 2
day of May, 1943

Notary Public, residing at Burley Idaho

My commission expires May 25, 1945.
(Seal)

Signed Mrs Maria Bideganeta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 1 0 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

118·219·001-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72056

County of Ada

City of Boise

No. 419 S 5th St. St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 249

FULL NAME OF CHILD Ynacia Jayo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jayo	FULL MAIDEN NAME	Savilla Chopitea
RESIDENCE	419 South 5th St.	RESIDENCE	419 South 5th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Registrar

Filed 8/21 1919 L. P. Kirman

Registrar

493-2131-001-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72057

County of Ada

City of Boise

No. 2001 N 18th St.

Hospital NO

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 250

FULL NAME OF CHILD Dorthy Fern Mitchell

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Girl	One	1st	Yes	May 31st 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd Mitchell	FULL MAIDEN NAME	Pansy Condit
RESIDENCE	Boise RR #4	RESIDENCE	Boise RR #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Strong

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 8/13 1919 L C Roman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
168-218-001-154

County of Ada

City of Boise

No. 1208 Jeff St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 72058

Primary Registration District No. 1004

Registered No. 251

Full Name of Child CECELIA LOUISE JOHNSON

SEX OF CHILD Fem.

~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 1st (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH 18 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas A. Johnson	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housekpr.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 8/20 1919 L. P. Pfinnan

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 72058

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cecilia Louise Johnson (Name on Original Certificate) who was born (Was Born or Died) on August 18, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Cecelia Louise Johnson

Subscribed and sworn to before me this 22nd
day of August, 19 42

Leo Mack.

Notary Public, residing at Oakland, Calif.

My commission expires April 19, 1945
(Seal)

Signed Charles A Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2925 Grove st, Oakland, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 25 1942

369-222-001-312

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72059

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 252

Full Name of Child Janet Cornell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	July 25 19 18

FATHER

FULL NAME: Hal Edward Cornell

RESIDENCE: Overlee Hotel

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Ord - Neb.

OCCUPATION: Civil Engineer

MOTHER

FULL MAIDEN NAME: Evangeline Anne Carey

RESIDENCE: Overlee Hotel

COLOR: white AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Fawnee City, Nebr

OCCUPATION: House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Stewart

Physician

(Physician or midwife)

Address 410 Overland Bldg Boise Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 8/20 19 19 L. D. Gessman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1966

595-207-001-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 72060

No. —— St.

Primary Registration District No. 1004

Registered No. 253

Hospital St. Alphonsus

FULL NAME OF CHILD Shirley Mae Vinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 7 1919

FATHER	MOTHER
FULL NAME W. L. Vinson	FULL MAIDEN NAME Elsie Rowe
RESIDENCE Grandview Idaho	RESIDENCE Grandview Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Washington	BIRTHPLACE Idaho
OCCUPATION Supt. Irrigation Dist.	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:45 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 8/20 1919 L. P. Thomas

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1975

268719.001553

[redacted] No. 11-C—25m-1-1-1

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 72061

Registered No. 254

FULL NAME OF CHILD James Carlyle Boyden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. P. Boyden	FULL MAIDEN NAME	Rhea Nelson
RESIDENCE	1923 State St	RESIDENCE	1923 State St
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Overland Bldg

Filed 8/20 1919 L. P. Hanna Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/30/40 L. B. 2 Copies

NOV 13 1952

693-209-001-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72062

County of Ada

City of Boise

No. 1201 N 20 St.

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 255

Hospital

FULL NAME OF CHILD Edith Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f	2	yes	Aug 9 1919

FATHER		MOTHER	
FULL NAME	W Ray Williams	FULL MAIDEN NAME	Celia Cuvston
RESIDENCE	1201 N 21	RESIDENCE	1201 N 20
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Mo	BIRTHPLACE	Neb
OCCUPATION	Baker	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 70 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 803 Mo Curty Bldg

Filed 9/23 1919 L P Brownan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-218'00'-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alph

Registration District No. 2

File No. 72063

Primary Registration District No. 1004

Registered No. 256

FULL NAME OF CHILD Clara Louise Harlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Harlow.	FULL MAIDEN NAME	Clara Orr.
RESIDENCE	Oakland Calif	RESIDENCE	Oakland Calif
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	14 (Years)
BIRTHPLACE	Oakland Calif	BIRTHPLACE	Boise Idaho
OCCUPATION	Laborer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2[illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus M

(Physician or midwife)

Boise Idaho

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9/23 1919 L P Pierman

Registrar

Registrar

S-Y-CO 38071

AUG 1 1957

AUG 2 2 1974

962-203-001-813

PLACE OF BIRTH AMENDED 11/21/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1001 State St. Registration District No. 2 File No. 72064

Hospital (no) Primary Registration District No. 1004 Registered No. 257

FULL NAME OF CHILD Henry Cleve Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	8/3/19 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Cleve Ross	FULL MAIDEN NAME	Alice Myrtle Haley
RESIDENCE	Portland, Oregon	RESIDENCE	Boise City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Boise City, Idaho
OCCUPATION	Candy Manufacturer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:35 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George P. Haley
(Physician or midwife)

Address 1001 State St.,

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 9/5/19 192.. L. P. Pferman Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72064
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Mother	Alice May Haley	Alice Myrtle Haley

Subscribed and sworn to before me this 15th day of Aug 1950

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Jennie M. Haley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72064

County of Ada

City of Boise

No. 1001 State St.

Hospital (no)

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 257

FULL NAME OF CHILD Henry Cleve Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Cleve Ross	FULL MAIDEN NAME	Alice May Haley
RESIDENCE	Portland Or.	RESIDENCE	Boise City Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Boise City Ida.
OCCUPATION	Candy Manufacturer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 35 p. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley (Physician or midwife)

Address 1001 State City

Given names added from a supplemental report.

..... 19....

Filed 9/5 1919

L. P. Pfirman
Registrar

Registrar

S-Y CO. 24655

MAR 1 8 1942

OCT 31 1950

NOV 22 1950

319-125-001-944

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72065

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 258

FULL NAME OF CHILD Charles Edward Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Ernest Carter	FULL MAIDEN NAME	E Fred Rude
RESIDENCE	Quartzburg Ida	RESIDENCE	Quartzburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Idaho
OCCUPATION	Mill Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug. 25 1919 at 12:45 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 9/29 1919

L P Pforman

Registrar

Registrar

S-Y-CO 38071

'MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-225-001-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72066

County of .....

City of .....

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 259

FULL NAME OF CHILD Elizabeth Ann Stoddard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	August 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	I. W. Stoddard	FULL MAIDEN NAME	Helen Louise Bruce
RESIDENCE	Montour, Idaho	RESIDENCE	Montour, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Middletown, Conn.	BIRTHPLACE	Boise, Idaho
OCCUPATION	Banker	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 9/27 1919 L. P. Pfirman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1947
FEB 1 1966
APR 4 1974

236226.001-851

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72067

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 260

FULL NAME OF CHILD Billy Belle Stocks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 8/26 1919 (Month) (Day) (Year)
female			

FATHER		MOTHER	
FULL NAME	George C. Stocks	FULL MAIDEN NAME	Emma Heat
RESIDENCE	1517 N 7th Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 26 1919 at 11 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 9/3 1919 L. P. Firman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

767-124-001-869

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72068

County of Ada

City of Boise

No. ..... *St.*

Hospital St. Lukes

Registration District No. 2 **File No.** .....

Primary Registration District No. 1004 **Registered No.** 261

FULL NAME OF CHILD George Allan Pope

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	No (To be answered only in event of plural births)		Yes	Aug. (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James P. Pope	FULL MAIDEN NAME	Pauline Horn
RESIDENCE	702 Brumbach ST.	RESIDENCE	702 Brumbach St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Louisiana	BIRTHPLACE	Illinois
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.15 Am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Brewer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address .....

Filed 9/27 1919 L P Pferman *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

JAN 2 1942

JUL 9 1954

235-129-001-689

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72069

County of Ida

City of Boise

No. RD 2 St.

Hospital

Registration District No. 8

Primary Registration District No. 2014

File No.

Registered No. 53

FULL NAME OF CHILD Infant Stevens (Richard Byron

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	8	2	yes	July 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Byron Stevens	FULL MAIDEN NAME	Pearl E. White
RESIDENCE	Bench	RESIDENCE	Bench
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Truck driver	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 29 Alive 19 at 7 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

Address 313 Mo Cutty Bldg

19

Filed 8/15 1919 L P Fermat

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
) SS.
COUNTY OF ADA)

AFFIDAVITS FOR CORRECTION OF A RECORD

Effie M. Stevens of Boise, Idaho

Being first duly sworn, deposes and says that she is Grandmother (if related, specify degree, if friend or otherwise, so state) of Richard Byron Stevens

who was born (was born, died) in the city of Boise, County of Ada

on the 29th day of July, 1919, as stated in a certificate of birth (birth or death) filed by O. H. Parker, M.D. (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada Idaho, on the 15th day of August 1919.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mother Maiden Name: Pearl Boyd

That affiant upon her (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Mother's Maiden Name: Pearl E. White

(Seal)

Affiant Effie M Stevens

Address Route 4, Boise, Idaho

Subscribed and sworn to before me this 26th day of June 1940

Grant L. Imbrose
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Ada)

Effie M. Stevens of Boise, Idaho

being first duly sowrn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Effie M Stevens

Address Route 4, Boise, Idaho

Subscribed and sworn to before me this 26th day of June 1940

(Seal)

Grant L. Imbrose
Notary Public

VS 44

619-219:00-313

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72072

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 56

FULL NAME OF CHILD Mary Josephine Farley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes.	Aug 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. G. Farley	FULL MAIDEN NAME	Clara Calland
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho.

Filed Aug 26 1919

L. P. Pfirman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 8 1972

JUL 6

819-105-035-433
Amended 6-2-69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72073
Local Reg. No. 15
Reg. Dist. No. 92

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Culdesac

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Culdesac

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Delbert b. (Middle): c. (Last): Hardin

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 5 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Walter b. (Middle): T. c. (Last): Hardin

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Washington

10. USUAL OCCUPATION: farmer

11. KIND OF BUSINESS OR INDUSTRY: farming

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Hazel b. (Middle): c. (Last): McCracken

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Washington

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E.E. Watts

19. ADDRESS:

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED: Sept. 5,1919

21. DATE REC'D BY LOCAL REG.: Sept.5,1919

22. REGISTRAR'S SIGNATURE: E.E. Watts

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

6-2-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

JUN 2 1969

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 72073

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hardin (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1915 (Date of Event)

in Culdesac (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Delbert Hardin
Birthdate	Sept. 5, 1915	Sept. 5, 1919

Subscribed and sworn to before me this 2 day of June, 1969

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept. 28, 1972

(Seal)

Signed Virgil McCracken

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6218 Edgewater Dr. Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family Bible Record gives name as Delbert Hardin born Sept. 5, 1919 in Culdesac, Idaho. Father Walter T. Hardin Mother Hazel McCracken. Obviously old Viewed by V.S.

School Census Record gives name as Delbert Hardin Age 7 on Sept. 1, 1926. Nez Perce County Record. Approved and filed Sept. 30, 1926. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1 C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72073

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	9 5 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter T. Hardin	FULL MAIDEN NAME	Hazel McCracken
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-5 1919

E. E. Watts
Registrar

JUL 1 4 1966

JUN 2 1969

791-115-035-263

amended 1/10/80

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 92

Primary Registration District No. 2170

File No. 72074

Registered No. 16

FULL NAME OF CHILD Claud Louis Grant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	\		\	Yes	10 (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Louis H. Grant	FULL MAIDEN NAME	Elsie Kollenborn
RESIDENCE	Culdesa R.F.D	RESIDENCE	Culdesac R.F.D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oklahoma
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-17 1919

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

amended 1/10/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF

PLACE OF DEATH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

RECEIVED

MAY 18 1964

Bureau of Vital Statistics

State of Idaho } ss.
County of Nez Perce }

Certificate No. 72074

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Grant (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1919 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Claud Louis Grant
Child's Date of Birth	Sept. 17, 1919	October 15, 1919

Subscribed and sworn to before me this 23d day of April, 1964

D. C. Dowden

Notary Public, residing at Lewiston

My commission expires May 25, 1965

(Seal)

Signed x Ward Kent

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x [illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d day of April, 1964

D. C. Dowden

Notary Public, residing at Lewiston

My commission expires May 25, 1965

(Seal)

Signed Mary A. Carroll

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2-13-62. one copy pd. rec. #14997.

Photo Copy of Page from Family Register of Louis Harland Grant and Elsie Charlottie Kollenborn, married Sept. 30, 1914 gives one child's full name as Claud Louis Grant born Oct. 15, 1919 - viewed by V.S. appears old and unaltered -

Honorable Discharge from U.S. Army, Sept. 13, 1945 gives full name as Claud L Grant, born Oct. 15, 1919 at Culdesac, Idaho - date of induction Oct. 14, 1941 - viewed by V.S.

386-105-035-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72075

County of Nez Perce

City of Southwick

Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 14

Hospital .....

FULL NAME OF CHILD Harold Anson Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 5 1919

FATHER		MOTHER	
FULL NAME	Frank H Thornton	FULL MAIDEN NAME	Mayme Lavina Whitinger
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

(Signature) Russell Truitt

(Physician or midwife)

Address Southwick Idaho

Filed 9-1 1919 E. E. Watts

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

136127.012-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

72076

County of Butte

City of Moore

No. ..... St.

Hospital .....

Registration District No. 59 File No. .....

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD RAYMOND ALFRED Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	9 - 27 1919

FATHER		MOTHER	
FULL NAME	Golden Wilcox	FULL MAIDEN NAME	Rosa Mathews
RESIDENCE	Moore Idaho	RESIDENCE	Moore Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25 (26)	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tobbrock Neb	BIRTHPLACE	Cass Co Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Patterson

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Arco Idaho.

Filed 9 27 1919 [signature] Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss.
County of Pawnee

Certificate No. 72076
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Raymond Alfred Wilcox (Name on original certificate) who born (Was born or died) on Sept. 27, 1919 (Date of event)
in Moore, Idaho-Butte County (Place of event) erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by on personal knowledge (Bible record, insurance policy, etc.) prepared on Oct. 8th, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wilcox	Raymond Alfred Wilcox

Subscribed and sworn to before me this 8th day of October, 1941

Notary Public, residing at Pawnee City, Nebr.

My commission expires April 12, 1944

[SEAL]

Signed Rosa Wilcox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Steinauer, Nebraska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.
County of Pawnee

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 1941

Notary Public, residing at Pawnee City, Nebr.

My commission expires April 12, 1944

[SEAL]

Signed Goldwin Alfred Wilcox
(Signature of any credible person other than the previous affiant.)

Steinauer, Nebraska.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 14 1941

236-124-012-433

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72077

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. .....

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD CHARLES L. Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 24 1919

FATHER	MOTHER
FULL NAME: Charles B. Stoddard	FULL MAIDEN NAME: Leon D. McTaylor
RESIDENCE: Arco, Idaho	RESIDENCE: Arco, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Hyrum, Utah	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 730 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 9-25 1919

E W Fox
Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RE: VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

APR 1 9 12 AM '74

State of CALIFORNIA
County of EL DORADO } ss.

Certificate No. 72077

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stoddard (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1919 (Date of Event)
in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Discharge (Army) & Sept 45 Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Oct 30 - 55 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Charles LaVerne Stoddard

Subscribed and sworn to before me this 28TH day of MARCH, 19 74

Notary Public, residing at SOUTH LAKE TAHOE, CALIFORNIA

My commission expires

(Seal)

Signed Charles LaVerne Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/25/74 nm

Army of the United States Honorable Discharge certified that Charles L. Stoddard was born Sept. 24, 1919 in Arco, Idaho. Date of Separation Sept. 8, 1945.
Viewed by V.S.

APR 15 1974

Insurance policy issued by the California Western States Ins. Co . gives name as Charles L. Stoddard aborn Sept. 24, 1919 in Arco, Idaho. Policy issued 1955.
Viewed by V.S.

355-212-012-693

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72078

County of Butte

City of Moore

No. ..... St.

Hospital .....

Registration District No. 59

File No. .....

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ✓ Helen Edith Levin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME ✓	Nils Nephi Levin	FULL MAIDEN NAME ✓	Martha E. Williams
RESIDENCE	Moore Idaho	RESIDENCE	Moore Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY ✓	38 (Years)	AGE AT LAST BIRTHDAY ✓	32 (Years)
BIRTHPLACE ✓	Ogden Utah	BIRTHPLACE ✓	Fair West Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Seven

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) S. L. Patterson

Physician (Physician or midwife)

Address Arco Idaho

Filed 9/16 1919 [signature]

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 15 12 10 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72078

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Levin (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 12, 1919 (Date of Event)
in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Edith Levin

Subscribed and sworn to before me this 2nd day of January, 1976

William A. Owens
Notary Public, residing at Sacramento, Calif.
My commission expires 3-3-78
(Seal)

Signed X Martha E Levin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7106 Eagle Rd Fair Oaks Ca
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1976

Notary Public, residing at Sacramento, Calif.
My commission expires 3-3-78
(Seal)

OFFICIAL SEAL
WILLIAM A. OWENS
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SACRAMENTO

Signed William R Levin
(Signature of Any Credible Person)

7106 Eagle Rd Fair Oaks Ca 95628
(Street Address, City, State)

FORM DH 60-155 CL 12/17/75 nm

Certificate of Birth issued by the L. D. S. Church gives name as Helen Editn Levin born September 12, 1919, in Moore, Idaho to Niels Nephi Levin and Martha Elizabeth Williams. Recorded in Lost River Stake, Moore Ward Record of Births Page 668 Line 582 Recorded December 12, 1919.
Viewed by V.S.

Certificate of Blessing issued by the L. D.S.Church gives name as Helen Edith Levin born December 12, 1919, in Moore, Idaho to Neils Levin and Martha E. Williams. Blessed November 1919.
Viewed by V.S.

952-221-029-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72060

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 119

FULL NAME OF CHILD Kathrine Marion Inscho

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 21, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Young Inscho	FULL MAIDEN NAME	Mary Salinda Miller
RESIDENCE	Great Falls, Mont.	RESIDENCE	Great Falls, Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sterling, Kansas	BIRTHPLACE	Augusta, Mont.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Registrar

Filed Oct 1 1919 M. H. Carothers

Registrar

NOV 28 1942

MAY 26 1944

818-221-
029-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11[illegible]

72081

County of Latah

City of Moscow

Registration District No. 61

File No.

No. 7[illegible] Main St.

Primary Registration District No. 1011

Registered No. 118

Hospital The Gritman

FULL NAME OF CHILD Virginia Anne Haynes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 21, 1919

	FATHER	MOTHER
FULL NAME	Archie Monroe Haynes	Ada Marshall
RESIDENCE	Moscow, Idaho, RD	Moscow, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Washington	Idaho Falls, Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

*I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 1 1919 W. H. Carothers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413.128.029.546

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 72082

No. ..... St.

Primary Registration District No. 1011

Registered No. 116

Hospital Inland Empire

FULL NAME OF CHILD Robert Kenneth Matthews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Robert Matthews	FULL MAIDEN NAME	Alice Edman
RESIDENCE	Moscow Ida	RESIDENCE	Moscow Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Moscow Ida.	BIRTHPLACE	Globe Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Carithers M.D. B.M.C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow Ida

Filed Sept 28 1919 W. T. Carithers

Registrar

APR 1 0 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-230-029-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72083

County of Latah

City of Moscow — Registration District No. 61 — File No.

No. 422 South Hays St. — Primary Registration District No. 10.11. — Registered No. 111

Hospital

FULL NAME OF CHILD Margaret Josephine Helland

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 30, 1919

FATHER

FULL NAME: Carl Johan Helland

RESIDENCE: 422 South Hays

COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Mechanic

MOTHER

FULL MAIDEN NAME: Gurine Berge

RESIDENCE: 422 South Hays.

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Norway.

OCCUPATION: Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 300 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 20 1919 [signature]
Registrar

JUN 24 [illegible]

213-126-029-456

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 72084

No. 620 South Main St.

Primary Registration District No. 1011

Registered No. 120

Hospital

FULL NAME OF CHILD Miles Bailey Bates

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 26, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Curtis Burton Bates	Buelah Fay Dewitt
RESIDENCE	620 South Main Street	620 South Main Street
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Washington	Missouri
OCCUPATION	Agent	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 1 1919 W. H. Carruthers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-228-029-469

PLACE OF BIRTH

County of Latah

City of Moscow

No. 328 N. Jefferson St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72085

Registration District No. 61 File No.

Primary Registration District No. 1017 Registered No. 115

FULL NAME OF CHILD Audrey Olive Nichols

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept 28 1919

FATHER	MOTHER
FULL NAME Clyde M. Nichols	FULL MAIDEN NAME Olive Francis Morgan
RESIDENCE 328 N. Jefferson & Moscow	RESIDENCE Moscow Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Deary Idaho	BIRTHPLACE Moscow Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

Filed Sept 29 1919 W.H. Carothers
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 0 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154.207.029.515

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-18

CERTIFICATE OF BIRTH

72086

County of Latah

City of Moscow

Registration District No. 61

File No.

No. St.

Primary Registration District No. 1011

Registered No. 114

Hospital Carithers

FULL NAME OF CHILD Audrey Emily Anderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 7 1919

FATHER		MOTHER	
FULL NAME	Oscar M. Anderson	FULL MAIDEN NAME	Minnie Waverly Evans
RESIDENCE	Moscow	RESIDENCE	Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Moscow Ida	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow Ida

19

Registrar

Filed Sept. 7 1919 W. H. Carithers
Registrar

AUG 7 1956

695-109-029-295

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72087

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 112

FULL NAME OF CHILD Lawrence Clifford Frederickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry C. Frederickson	FULL MAIDEN NAME	Inez Violet Kinyon
RESIDENCE	Chester, Montana	RESIDENCE	Chester, Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	So. Dakota	BIRTHPLACE	Moscow, Idaho.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Registrar

Filed Sept. 20 1919 W. H. Carithers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 25, 1940. F.W.

799-216-029-25-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72089

PLACE OF BIRTH

County of Latah

City of Moscow

No. 1120 So. Main St.

Hospital? The Gritman

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 113

FULL NAME OF CHILD Gwinn, Lillie Jaunita

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Clive Gwinn	Carsie Sophia Kerns
RESIDENCE	Palouse Wash RFD 2	Palouse Wash RFD 2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Nebraska	Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Fortman, M.D.

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report.

Lillie Juanita Gwinn 1919

W.H. Chrisbens
Registrar

Filed Sept. 20 1919 W.H. Chrisbens
Registrar

APR 22 1969

MAY 24 1949

365-130-019-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ..... *St.*

Hospital Res

Registration District No. 16

Primary Registration District No. 2153

File No. 72090

Registered No. .....

FULL NAME OF CHILD David Longhurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug (Month) 30" (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Murry Longhurst	FULL MAIDEN NAME	Ruth Berg
RESIDENCE	Chilly	RESIDENCE	Chilly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Nev
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Idaho

Filed Oct 3rd 1919 R. Nowacki

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-209-019-291

PLACE OF BIRTH

Form V. S. No. 11-C—25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72095

County of Custer

City of Mackay

No. ..... St.

Hospital Res

Registration District No. 76 File No. 29

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Ethel Pauline Shinderling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 9th 1919

FATHER	MOTHER
FULL NAME: Geo Shinderling	FULL MAIDEN NAME: Ruth Brandstetter
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Mo
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L Baker

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay

Filed Oct. 3rd 1919 R. Nowacki

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-211-019-363

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72093

CERTIFICATE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital Res

Registration District No. 76

File No. 30

Primary Registration District No. 2113

Registered No. .....

FULL NAME OF CHILD Cloyd Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F			Yes	Aug	11	1918

FATHER	MOTHER
FULL NAME: Joseph Curtis	FULL MAIDEN NAME: Lida Cole
RESIDENCE: Leslie	RESIDENCE: Leslie
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. O. Barker

(Physician or midwife)

Address Mackay

Given names added from a supplemental report. ..... 19....

Filed Oct. 3 19 19 R. Howarth

..... Registrar

Registrar

S-Y CO. 24688

JUN 17 1969

314-202-019-389

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Chilly

No. ..... *St.*

Hospital Res

Registration District No. 76 **File No.** 37 72094

Primary Registration District No. 2153 **Registered No.** .....

FULL NAME OF CHILD Elva Myrle Lambert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ira Lambert	FULL MAIDEN NAME	Leona Christoson
RESIDENCE	Chilly	RESIDENCE	Chilly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas P Baker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay

Filed Oct 3rd 1919 R. Nowacki

Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-204-019-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72095

County of Custer

City of Mackay

No. ..... St.

Hospital Res

Registration District No. 71

File No. 32

Primary Registration District No. 3133

Registered No. .....

FULL NAME OF CHILD Bonitta June Lambson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept (Month) 4" (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Auther Lambson	FULL MAIDEN NAME	Adell White
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baxter

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay

Filed Oct 3rd 1919 R. Nowacki

Registrar

Registrar

S-Y CO. 24655

JUN 10 1976

993-130-019-819

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72096

County of Custer.

City of

No. St.

Hospital

Registration District No. 16

File No. 33

Primary Registration District No. 2153

Registered No.

FULL NAME OF CHILD JOHN CHARLES HARVEY RICHARDSON

Sex of Child Male. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth Aug (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	E. C. Richardson	FULL MAIDEN NAME	Rose Harvey.
RESIDENCE	Darlington Ida	RESIDENCE	Darlington Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	New Jersey.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho.

19

Filed Oct 3 1919 R. Nowacki Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Custer }

SEP 17 1941

Certificate No. 72096
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or death~~)
for John Charles Harvey Richardson (Name on original certificate) who (Was born ~~or died~~) on August 30, 1919 (Date of event)
in Darlington, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	John Charles Harvey Richardson

Subscribed and sworn to before me this 10 day of Sept, 1941

Signed E. C. Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Mallard, Idaho

My commission expires My Commission Expires Aug. 1, 1945

~~E. C. Richardson~~
(Street Address, City, State)

[SEAL]

Supporting Affidavit of a Second Person Darlington, Idaho

State of Idaho } ss.
County of Power }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September, 1941

Signed W. H. Farrell M.D.
(Signature of any credible person other than the previous affiant)

Notary Public, residing at AMERICAN FALLS, IDAHO.

My commission expires October 22, 1943.

American Falls Idaho
(Street Address, City, State)

[SEAL]

Received for filing on by
(Registrar's signature)

JUL 13 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

319-119 2019 593

County of Custer

City of White Knob

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72097

Registration District No. 76 File No. 34

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Harry Pershing Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 19 1919

FATHER		MOTHER	
FULL NAME	Harry R. Carter	FULL MAIDEN NAME	Garnet Velma Ercanback
RESIDENCE	White Knob. Ida.	RESIDENCE	White Knob Idaho
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Gibson City Illinois	BIRTHPLACE	Goshen Utah.
OCCUPATION	Miner	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or midwife)

Address Mackay Idaho.

Filed Oct 3 1919 [signature] Nowaki

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

JUL 1951
OCT 31 1980

613-220-019-413

Form V. S. No. 11—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72098

County of Custer

City of Mackay — Registration District No. 76 — File No. 33

No. ____ St. — Primary Registration District No. 2153 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Dellena Fallini

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 20 1919

FATHER		MOTHER	
FULL NAME	Carlo Fallini	FULL MAIDEN NAME	Rosa Datrea
RESIDENCE	Custer Co. Idaho.	RESIDENCE	Custer Co. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Italy.	BIRTHPLACE	Italy
OCCUPATION	Farmer,	OCCUPATION	Home wife.

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell

(Physician or midwife)

Address Mackay Idaho

Given names added from a supplemental report.

....19....

Filed Oct 3 1919 R. Nowacki Registrar

....Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

285-101-019-219

PLACE OF BIRTH

County of Custer

City of Mackay

No. _____ St.

Hospital _____

Registration District No. 76 File No. 36

Primary Registration District No. 2133 Registered No. _____

FULL NAME OF CHILD Floyd Daniel Sherry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. D. Sherry.	FULL MAIDEN NAME	Edith Bailey
RESIDENCE	Mackay.	RESIDENCE	Mackay.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Ohio
OCCUPATION	Miner	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Mackay Idaho

Filed Oct 3 1919 R. Nowacki

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAR 4 1968

954-220-019-661

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72100

Registration District No. 76 File No. 37

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Faye Lavere Reich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Reich	FULL MAIDEN NAME	Mary O'Farrell
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Auto Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell
(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed Oct 3 1919 R. Nowacka
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Ventura } ss.

Certificate No. 72100

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Faye Lavere Reich (Name on Original Certificate) who was born (Was Born or Died) on August 20, 1919 (Date of Event)
in Mackey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by knowledge of father (Bible Record, Insurance Policy, Etc.) prepared on October 14, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Faye Lavere Reich

Subscribed and sworn to before me this 14th
day of October, 1943.

Signed Fred Reich.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at Ventura, California.

My commission expires January 29, 1944
(Seal)

139 Wall Street, Ventura, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

, Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

OCT 2 1 1948

Form V. S. No. 11—20m-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72101

City of White Knob. Registration District No. 76 File No. 38

No. ..... St. Primary Registration District No. 21553 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Willard Davenport

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes.	Sept 14 1917

FATHER		MOTHER	
FULL NAME	Adam Davenport.	FULL MAIDEN NAME	Helen Jansen
RESIDENCE	White Knob	RESIDENCE	White Knob.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Colo.	COLOR	White.
OCCUPATION	Rancher.	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Mich.
		OCCUPATION	Home wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. R. Jamell

(Physician or midwife)

Address Mackay Idaho.

Filed Oct 3. 1917 R. Nowack Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAR 10 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-25m-1-1-18

72103

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]H

Co[redacted]

City of Darlington

No. 469-111-019-942 St.

Hospital

Registration District No. 76 File No. 210

Primary Registration District No. 21[illegible] Registered No.

FULL NAME OF CHILD CLARENCE FINCH MORTENSON

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Sept. (Month) 11 (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Mortenson	FULL MAIDEN NAME	Mary Russel
RESIDENCE	Darlington.	RESIDENCE	Darlington.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Scotland.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho

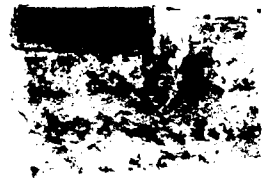
.....19.....

Filed Oct 3 1919 R Nowalke

Registrar

Registrar

S-Y CO. 24656



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of NEVADA, } ss.
County of WHITE PINE. }

Certificate No. 72103

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for CLARENCE FINCH MORTENSON (Name on Original Certificate) who born (Was Born or Died) on September 11, 1919. (Date of Event)
in Darlington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clarence Finch Mortenson

Subscribed and sworn to before me this first day of June, 19 42.

Notary Public, residing at Ely, Nevada.

My commission expires
(Seal)

Signed T A Mortenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Father, Ely, Nevada.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of White Pine }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1942.

Notary Public, residing at Ely Nevada

My commission expires
(Seal)

HORACE B. BATH, Notary Public
My Commission Expires July 18, 1945

Signed Margaret Finch Wyman
(Signature of Any Credible Person Other Than Previous Year)

533 6th Ave Salt Lake City
(Street Address, City, State)

Subscribed and sworn to before me this third day of June.

Notary Public

Commission expires November 30, 1945

JUN 1 0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

684-213-019-468

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72104

Registration District No. 76 File No. 41

Primary Registration District No. 2133 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L B Whiting	FULL MAIDEN NAME	Pearl Johnson
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

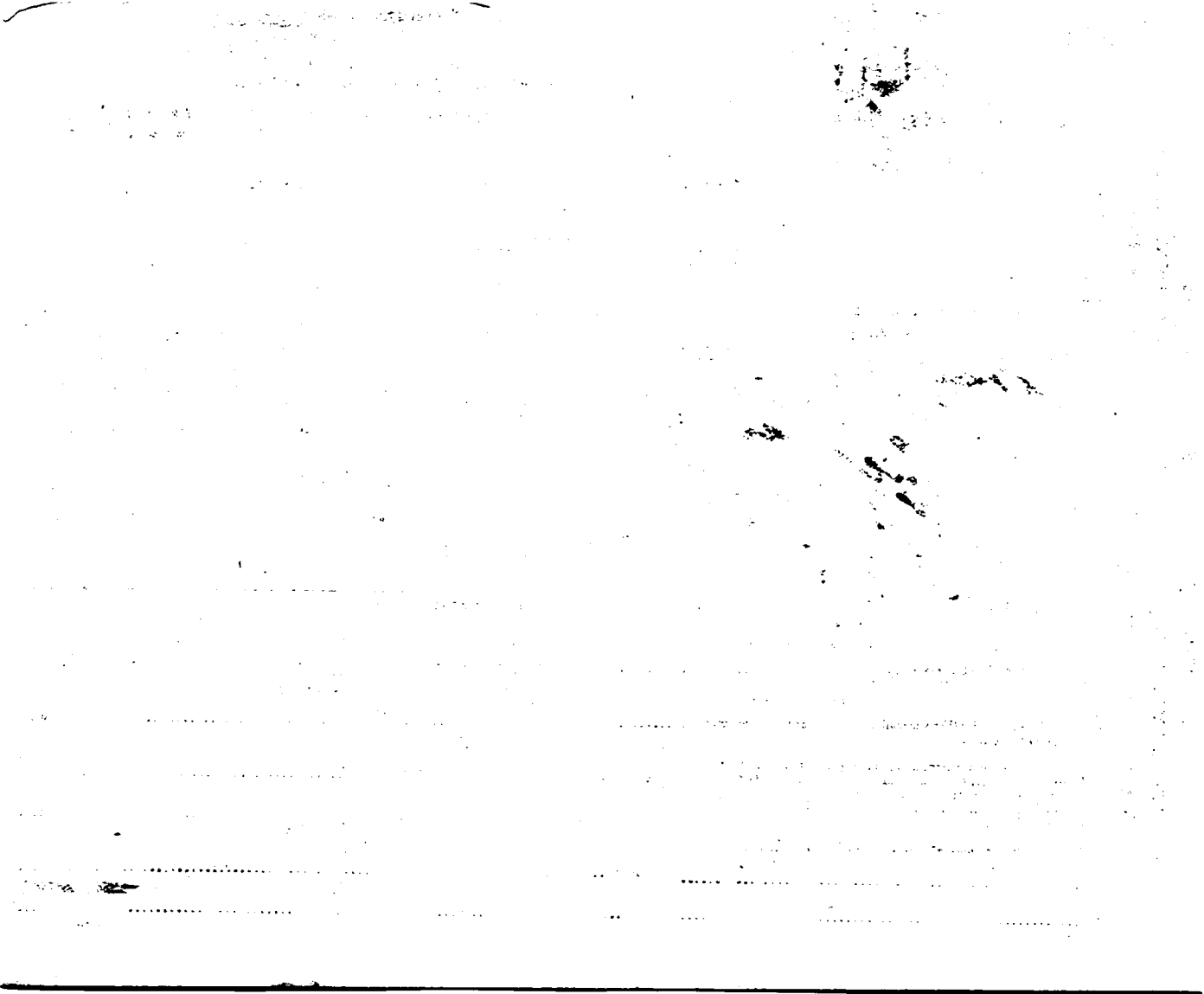
Address Mackay Idaho

Filed Oct 3 1919 R [illegible]

Registrar

Registrar

S-Y CO. 24656



291-223-019-294

Form V. S. No. 11—25m-1-1-13

72105

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Custer

City of Chilly

No. _____ St.

Hospital _____

Registration District No. 76

File No. 42

Primary Registration District No. 2153

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 23 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jim Bradshaw	FULL MAIDEN NAME	Myrtle Bruno
RESIDENCE	Chilly	RESIDENCE	Chilly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 930 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho

_____ 19__

Filed Oct 3 1919 R Nowacka

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-226-019-733 ADDED CHILD'S NAME 2-2-2001 MS

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72106

Registration District No. 76 File No. 43

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD THELMA JENSEN

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Sept. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. A. Jensen	FULL MAIDEN NAME	Evelyn Allen
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. m. on the date above stated.

(Born alive or stillborn)

(Signature) N H Farrell

(Physician or midwife)

Address Mackay

Filed Oct 3 19 R Nowacki Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

1-24-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

RECEIVED VITAL STATISTICS
01 FEB -1 PM 12:07

Certificate No. 1919-72106
Date Filed OCT. 3, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for UNNAMED JENSEN (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEP. 26, 1919 (Date of Event)
in LESLIE (CUSTER) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED JENSEN	THELMA JENSEN

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

THELMA PEARCE
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January 2001.

Notary Public, _____
Residing at Salt Lake City
My commission expires 2-8-04
(Seal)

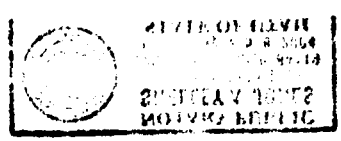
NOTARY PUBLIC
SHELLEY A. JONES
2975 West 2100 South
Salt Lake City, Utah 84119
Comm. Exp. Feb. 8, 2004
STATE OF UTAH

Supporting Signature

Street Address, City, State

STATE OF UTAH DRIVER LICENSE ISSUED TO THELMA JENSEN PEARCE ON SEPT. 24, 1991 VIEWED VS.

MEDICAID CARD ISSUED TO THELMA J PEARCE ON SEPT. 1, 1984 VIEWED VS.



259-106-016-696

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72107

County of Cassia

City of Malta

Registration District No. 119 File No.

No. St.

Hospital At Home

Primary Registration District No. Registered No.

FULL NAME OF CHILD Marcus Edward Bergman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 6 1919

FATHER		MOTHER	
FULL NAME	Clyde A Bergman	FULL MAIDEN NAME	Ruby Myrtle Freeman
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	North Loup Neb.	BIRTHPLACE	Laramie Wyo.
OCCUPATION	Farmer	OCCUPATION	Home work

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

(Signature) C. L. Sater MD

(Physician or midwife)

Address Malta Idaho

Filed Oct 4 1919 C. L. Sater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-116-025-731

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72108

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 32

Hospital

FULL NAME OF CHILD Thorvald Dale Stamper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Cecil Lawrence Stamper	FULL MAIDEN NAME	Ruth Platt
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Kooskia - Idaho

Filed Sept 30 1919 J M Verberkmoes Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 27 1960

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72102

434-202-025-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72109

County of Idaho

City of Clearwater

Registration District No. 106

File No.

No. St.

Primary Registration District No. 2184

Registered No. 33

Hospital

FULL NAME OF CHILD Rosa Ulmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Konstantine Ulmer	FULL MAIDEN NAME	Wilhemina Ulmer
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	49 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Stites Idaho

Registrar

Filed Sept 30 1919

J M Weberkinnes
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1974

418-220-025-298

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72110

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 34

FULL NAME OF CHILD Agnes Elizabeth Maher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 20 1919

FATHER		MOTHER	
FULL NAME	Fred Maher	FULL MAIDEN NAME	Laura Bryant
RESIDENCE	Nez Perce Idaho	RESIDENCE	Nez Perce - Idaho
COLOR	White AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kamiah - Idaho
OCCUPATION	Sheepherder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A C Cochran

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed Sept 30 1919 J M Weber Kennedy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 19

296-220-025-249

PLACE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72111

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 35

FULL NAME OF CHILD Irene Elizabeth ~~Smith~~ Brotnov

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Wilhelm Brotnov	FULL MAIDEN NAME	Eliz Smith
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Elites Idaho

Filed Sept 30 1919 J M Marberkinore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

638-126-025-713

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

72112

Registration District No. 106

File No. .....

Primary Registration District No. 2184

Registered No. 36

FULL NAME OF CHILD Harry Wilder Flynn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oarel Flynn	FULL MAIDEN NAME	May Palmer
RESIDENCE	Near Kooskia	RESIDENCE	Near Kooskia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Filed Sept 30 1919

J M Weibert Jr

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-214-031-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72113

County of Lewis

City of Ilo

Registration District No. 50 File No.

No. St.

Primary Registration District No. 2129 Registered No. 17

Hospital

FULL NAME OF CHILD Maxine Virginia Brooty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	Yes	8-14-1919

FATHER		MOTHER	
FULL NAME	John Carl Brooty	FULL MAIDEN NAME	Violet Anna Blackwell
RESIDENCE	Ilo	RESIDENCE	Ilo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Indiana	BIRTHPLACE	Sullivan Ill
OCCUPATION	machinist	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Ilo Idaho

19

Filed 9/13 1919 R. E. Dunlap

Registrar

Registrar

415-208-031-168

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72114

Registration District No. 30 File No. .....

Primary Registration District No. 2179 Registered No. 18

FULL NAME OF CHILD Elaine Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 8 1919

FATHER		MOTHER	
FULL NAME	Robert Oscar Davis	FULL MAIDEN NAME	Katherine Isby
RESIDENCE	Reubens Ida	RESIDENCE	Reubens Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Perdale Oregon	BIRTHPLACE	Aurora Mo.
OCCUPATION	Elevator man	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 9/13 1919 R. E. Dunlop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1942

434-112-031-265

PLACE OF BIRTH

County of Lewis

City of Ilo R-FD

No. ..... St.

Hospital .....

Form V. S. No. 19-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72115

Registration District No. 60 File No. .....

Primary Registration District No. 2129 Registered No. 19

FULL NAME OF CHILD KENNETH BERNIE McClelland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	—	yes	9 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Bernie McClelland	FULL MAIDEN NAME	Jessie Floy Banter
RESIDENCE	Ilo R-FD	RESIDENCE	Ilo R-FD
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Milo, Iowa	BIRTHPLACE	Macon Mo.
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ilo, Idaho

Filed 9/13 1919 R E Dunlop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72115

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Bernie McClellan d

Subscribed and sworn to before me this 10 day of June, 1943

L. L. Ramp
Notary Public, residing at WALLA WALLA
My commission expires Feby 23, 1946
(Seal)

Signed Mrs J. B. McClelland.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

106 W. Mayela. Walla Walla Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1943

795-215-031-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72116

PLACE OF BIRTH

County of Lewis

City of Nezperce RFD

No. ..... St.

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. .....

Registered No. 20

FULL NAME OF CHILD Doris Irene Hill

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9-15-1919 (Month) (Day) (Year)
female			

FATHER		MOTHER	
FULL NAME	Wallace Edward Hill	FULL MAIDEN NAME	Lucy Jane Bacon
RESIDENCE	Nezperce RFD	RESIDENCE	Nezperce RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Orangeville Ida	BIRTHPLACE	Melrose Ida
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Address Ida. Idaho

Given names added from a supplemental report.

..... 19.....

Filed 9/15 1919 R. E. Dunlap

Registrar

Registrar

DEC 15 1947

AUG 17 1960

864125·031-369

PLACE OF BIRTH

County of Lewis

City of Ilo R.F.D.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72117

Registration District No. 50 ..... File No. .....

Primary Registration District No. 2129 ..... Registered No. 21

FULL NAME OF CHILD Hugo Joseph Hanses, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	9 (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugo Joseph Hanses	FULL MAIDEN NAME	Agnes Marie Cordes
RESIDENCE	Ilo R.F.D.	RESIDENCE	Ilo R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Westphalia Ks.	BIRTHPLACE	Denver Colo.
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/30 1919 R. E. Dunlap

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-218-037-499

PLACE OF BIRTH

County of Owyhee

City of Silver City

No. ..... St.

Hospital .....

[redacted] STATE OF IDAHO
[redacted] AU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-4-15-13

CERTIFICATE OF BIRTH

Registration District No. 43 File No. 72118

Primary Registration District No. 2120 Registered No. .....

FULL NAME OF CHILD Virginia Consuelo Gorostiza

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Sept. 18 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ramon Gorostiza	FULL MAIDEN NAME Maria Urizar
RESIDENCE Silver City, Idaho	RESIDENCE Silver City, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Aspar[illegible] Viscaya Spain	BIRTHPLACE Arragola Viscaya Spain
OCCUPATION Teaming & wood	OCCUPATION House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Schuyler M. D.

(Physician or midwife)

Address Silver City Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Sept. 19 19 19 W. G. Schuyler
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 19

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Owyhee. }

Certificate No. 72118

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Marie Moncar	Maria Urizar

Subscribed and sworn to before me this 22nd
day of January, 19 45.

W. A. Lewis
~~Notary Public~~ Probate Judge.

My commission expires .....
(Seal)

Signed Mrs. Ramon Urrutia
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 2 6 1945

455-220-037-314

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9...

CERTIFICATE OF BIRTH 72119

County of Owyhee

City of Pleasant Valley Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Marie Jaesette Mendoza

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Sept. 20, 1919

FATHER		MOTHER	
FULL NAME	Pedro Miguel Mendosa	FULL MAIDEN NAME	Amina J. Camillo
RESIDENCE	Owyhee Co. & Jordan Valley	RESIDENCE	Owyhee Co. & Jordan Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Viscaya Spain	BIRTHPLACE	Bilboa Spain
OCCUPATION	Sheepherder & Camp-tender	OCCUPATION	Camp-cook & house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.45 a. M. (Born alive or stillborn) on the date above stated.

(Signature) W. H. Schuyler, M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Filed Sept. 23 1919 W. H. Schuyler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993.220-005-5-15

Amended 1-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72120.
Local Reg. No.
Reg. Dist. No. 46

1. PLACE OF BIRTH
a. COUNTY: Benewah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Plummer
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Plummer
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Madalene
c. (Last): Rickman

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept. 20, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Samuel
b. (Middle): Floyd
c. (Last): Rickman

8. AGE (At time of this birth): 42 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Monona Co., Iowa
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Francis
b. (Middle): Josephine
c. (Last): VanMoulken

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Stearns Co., Minn.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: S. A. Herrington, D.C.
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) D.C.
19. ADDRESS: Plummer, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Sept. 30, 1919
22. REGISTRAR'S SIGNATURE: H.G. Jaeger
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF CALIFORNIA
County of Fresno } ss.

On this 10th day of August in the year one thousand nine hundred and sixty-five before me, James K. Strachan a Notary Public in and for said County and state residing therein, duly commissioned and sworn personally appeared Josephine Cursi

known to me to be the person.... described in, whose name is subscribed to and who executed the within instrument, and acknowledged that executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at my office in said County, the day and year in this Certificate first above written.

James K. Strachan
Notary Public in and for said County and State.
JAMES K. STRACHAN
My Commission expires July 18, 1967

Kilner Stationery & Office Supplies
1916 Echo, Fresno
GENERAL ACKNOWLEDGEMENT
FORM K106

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72120

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mary Magdalena Rickman (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20. 1919 (Date of Event) in Plummer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Magdalena Rickman	Mary Madelene Rickman
		MAdALene

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Josephine Cussi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6618 No Morocco
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON Fresno 4 Calif

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed James L. [illegible]
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3-5-62. one copy pd. rec. #19801.

Cert. copy of Own Child's Birth Cert., State of California, copy issued De Nov. 15, 1965 gives full name as Charles George Anthony, Jr., born July 24, 1943 at Clovis, California to Charles George Anthony and Mary Madalene Rickman - viewed by V.S.

State of Washington, County of Asotin, Marriage Return, married Oct. 30, 1934 gives full name of groom as Chas. George Anthony and full name of bride as Mary Madalene Rickman, viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

County of Bermuda

City of Plummer

No. ..... St.

Hospital

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72120

Registration District No. 46

File No.

Primary Registration District No. 2123

Registered No.

FULL NAME OF CHILD Mary Magdalena Richmond

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Sept 20th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Floyd Richmond	FULL MAIDEN NAME	Francis Josephine Van Moulken
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Monona Co. Iowa.	BIRTHPLACE	Sturm Co. Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth (5) Five

Number of children of this mother now living, including present birth (3) Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 2-15 A M on the date above stated.

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Herrington D.C.

Accoucheur.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

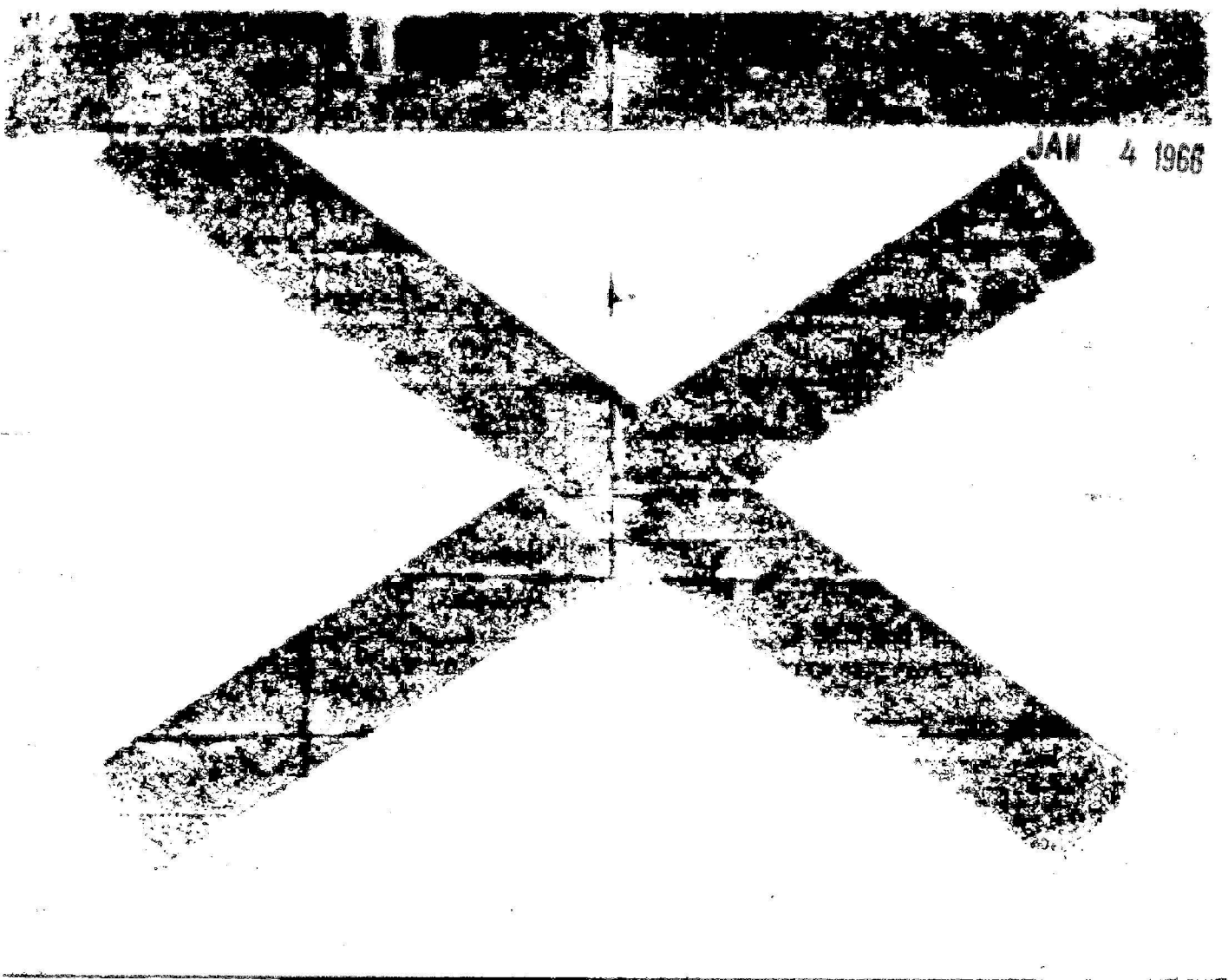
Address Plummer Idaho.

Filed Sept 30 1919 H. G. Jaeger

Registrar

Registrar

8-Y CO. 24895


JAN 4 1966

295.117.025-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72121

Registration District No. 105 File No. 67

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Dominic T. Bies

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Bies	FULL MAIDEN NAME	Anna Baune
RESIDENCE	Ferdinand Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Luxembourg	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 45 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

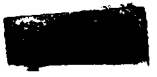
Filed Sept 18 1919 H B Blake

Registrar

Registrar

K

MAR 31 1946



612-223-025-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-1-17

72122

Registration District No. 105 File No. 68

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Clara Mary Ann Wassmuth.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton J. Wassmuth	FULL MAIDEN NAME	Ursula Schaeffer
RESIDENCE	Green Creek Idaho	RESIDENCE	Green Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Effingham Ill.	BIRTHPLACE	Wisconsin
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shimrick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Sept 25 1919

H B Blake

Registrar

Registrar

K

DECEASED

415-129-025-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—~~Rev. 6-8-17~~

72123

Registration District No. 105 File No. 69

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD ~~George~~ Henry Davenport

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 29 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Guy A Davenport	FULL MAIDEN NAME	Millie Perry
RESIDENCE	Cottonwood Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 29 19 19 H B Blake Registrar

SEP 27 1947

NOV 5 1953

731-207-025-914

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72124

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Registration District No. 105 File No. 70

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD Helene Irene Glaefke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Albert Glaefke	FULL MAIDEN NAME	Sarah L. Ramsey
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cleavland Ohio	BIRTHPLACE	Missouri
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cottonwood Idaho

Filed Sept 30 1919 H B Blake
Registrar

Registrar

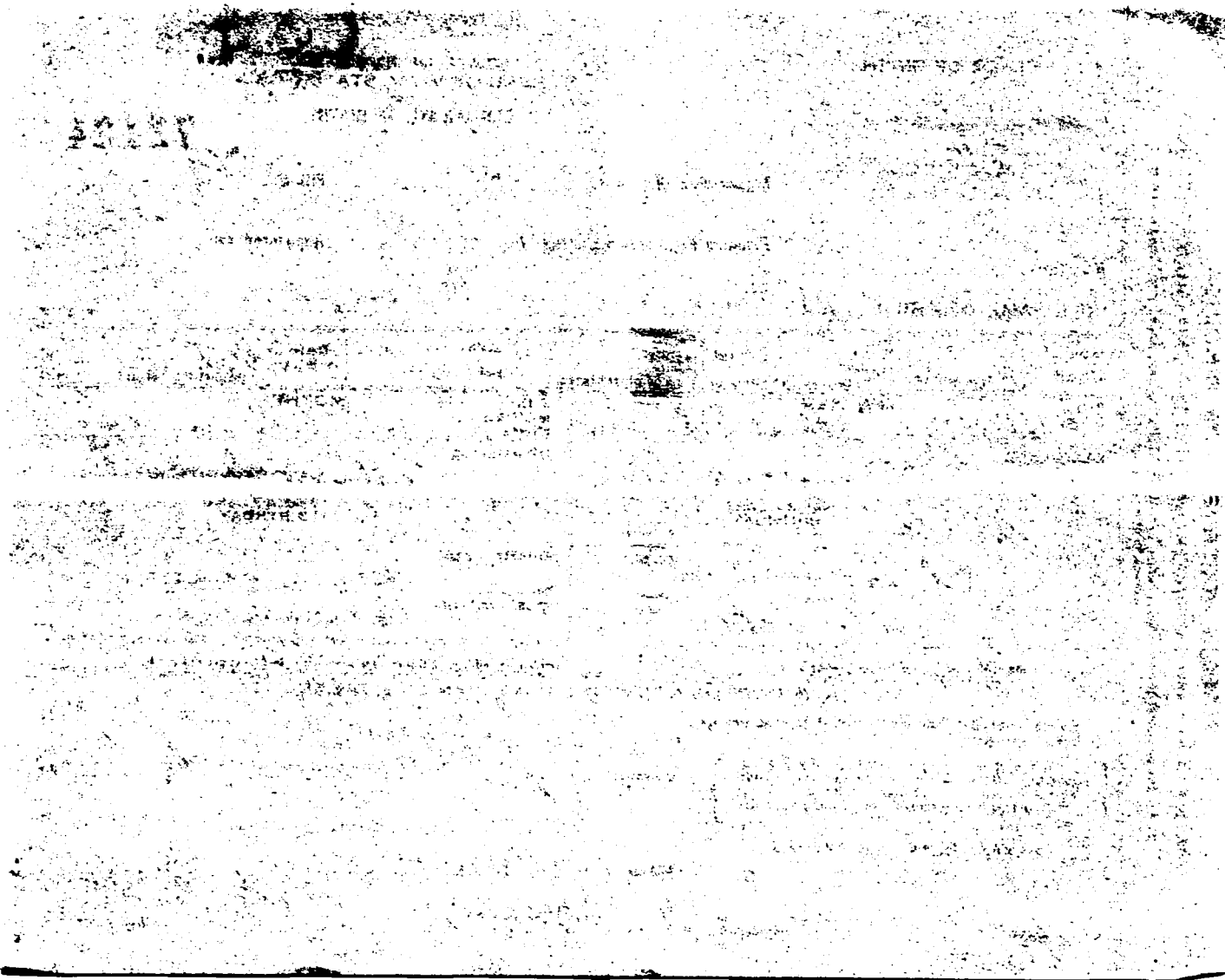
9-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



612-222-006267

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted] No. 11-C—[redacted]-8-17

72125

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

File No. 9

Primary Registration District No. 2195

Registered No. 413

FULL NAME OF CHILD ELLA EDNA FAST

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Fast	FULL MAIDEN NAME	Anna Kopper
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Cuertinnon, MD

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Sept 22 1919 M. Cuertinnon

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITA[redacted]

DEC 4 19[illegible]

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of KANSAS } ss.
County of Butler }

Co[redacted] No. 72125

Date [redacted]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ella Edna Fast (NAME ON ORIGINAL CERTIFICATE) who Sept 22 1919 (WAS BORN OR DIED) on Sept 22 1919 (DATE OF EVENT)
in Aberdeen Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 10 - 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ella Edna East

Subscribed and sworn to before me this 1st
day of December 1942.

Signed Henry Fast
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Bertha Brensing
Notary Public, residing at Whitewater Ks

My commission expires June 8th 1944
(SEAL)

R F D #2 Whitewater, Ks
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of KANSAS } ss.
County of Butler }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of December, 1942.

Signed Marie Fast
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Bertha Brensing
Notary Public, residing at Whitewater Ks

My commission expires June 8th 1944
(SEAL)

R F D #2 Whitewater, Ks
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATISTICS
ATE OF BIR
rtificate No.....
Filed

DEC 7 1942

814.125.006-512

MARGIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-3-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72126

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 414

2195

FULL NAME OF CHILD Hayato Hamada

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Juniji Hamada	FULL MAIDEN NAME	Kuniko Makatani
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	~~White~~ Japanese Yellow	COLOR	Japanese Yellow
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McInerkinnon MD.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Sept 25 1919 McInerkinnon Registrar

Given names added from a supplemental report.

1 Certified Copy issued 1/3/41

1 Photostat Copy issued 12/10/41

Registrar

Certified Copy issued Jan. 3, 1941. E.W.

FORM V. S. NO. 27B 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Aberdeen

Street and House No.

County Bingham

Registered No. 414

Registration Dist. No. 116

Sex of Child Male

Date of Birth Sept 25 1919
MONTH DAY YEAR

Father Junigi Hamada
FULL NAME

Mother Kuniko Nakata
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Hayato Hamada
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

McMurtrimon
LOCAL REGISTRAR

DEC 10 1941

359-127.006-395

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

72127

Registration District No. 116 File No. 9

Primary Registration District No. 2155 Registered No. 415

FULL NAME OF CHILD ..... LEONARD HERBERT LEISY

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Sept 27 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert H. Leisy	FULL MAIDEN NAME	Jeanette M Tichit
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Montgomery M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 27 19 18 M. Montgomery

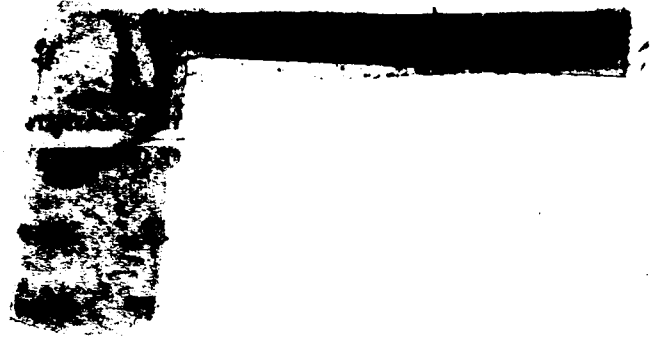
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 72127

Date Filed 4-29-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for _____ (Name on Original Certificate) who Born on Sept 27, 1919 (Was Born or Died) (Date of Event)
in Aberdeen, Idaho (Place of Event) are ~~erroneous~~ correct or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Leonard Leisy
		Leonard Herbert Leisy

Subscribed and sworn to before me this 29
day of April, 1942
M. D. Linscheid
Notary Public, residing at Aberdeen, Ida
My commission expires 12-31-45
(Seal)

Signed Mrs Henrietta M Leisy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 30 1942

713-129-006-862

PLACE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2Rm-9-8-17

CERTIFICATE OF BIRTH 72128

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 416

FULL NAME OF CHILD Laurence Ernest Catterer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 29, 19

FATHER	MOTHER
FULL NAME: Ernest Edward Catterer	FULL MAIDEN NAME: Eulalie Hokanson
RESIDENCE: Springfield Ida	RESIDENCE: Springfield Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. C. McKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 29 19 18 M. C. McKinnon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1943

462-126-039-654

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72129

County of Power

City of American Falls

Registration District No. 116

File No. 7

No. ..... St.

Primary Registration District No. 2195

Registered No. 417

Hospital Bethany

FULL NAME OF CHILD EDWARD RANDOLPH MOSER ~~Merritt Randolph Wedel~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	—	Yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Wallace Moser	FULL MAIDEN NAME	Della Amy Wedel
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida

Filed Sept 30 1919 McMcKinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bingham, }

Certificate No. 72129

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Merritt (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 26, 1919, (DATE OF EVENT) in American Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Merritt	Edward Randolph Moser

Subscribed and sworn to before me this 18th day of December, 1942.

F. A. Schreiber

Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1946.

(SEAL)

Signed Edward R. Moser
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Aberdeen, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bingham, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 1942.

F. A. Schreiber

Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1946.

(SEAL)

Signed Della A. Moser
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Aberdeen, Idaho.
(STREET ADDRESS, CITY, STATE)

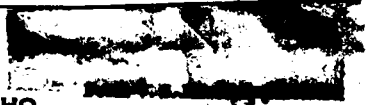
Received for filing on DEC 21 1942 By .....
(REGISTRAR'S SIGNATURE)

DEC 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



719-107-035-719

PLACE OF BIRTH

County of Neg Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72150

Registration District No. 97

File No. .....

Primary Registration District No. 2,74

Registered No. 21

FULL NAME OF CHILD Dale Garnagin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Sept 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Garnagin	FULL MAIDEN NAME	Elfa Parker
RESIDENCE	Ilo - Ida.	RESIDENCE	Ilo - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:09 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P H Habel

MD

(Physician or midwife)

Given names added from a supplemental report.

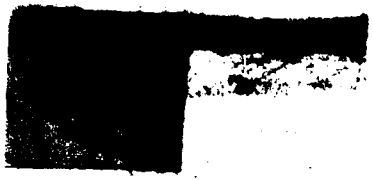
..... 19....

Registrar

Address Lapwai

Filed Sept 9 1919 William P H Habel

Registrar



APR 16 1957

319-117-035-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ney Perce

City of Lapwai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

72131

Registration District No. 97

File No. .....

Primary Registration District No. 2174

Registered No. 42

FULL NAME OF CHILD Cecil Felix Lahue

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Sept 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Felix Lahue	FULL MAIDEN NAME	Grace Fredericksen
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R H Habel M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lapwai

Filed Sept 17 1919 William R H Habel

Registrar

AUG 12 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Neyperce (b) City Lapwai
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Neyperce
(c) City Lapwai
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Cecil Felix La Rue

5. Date of Birth of Child (Month, day, year) Sept 17, 1919

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Felix La Rue
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace State of Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Frederickson
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace State of Ore (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Neyperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 22 years, and that Dr. Hazel (First name) (Last name), who attended this birth Not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Felix La Rue Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Idaho.

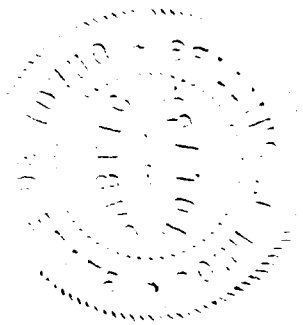
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by JUN 1 1942, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



966-230-035-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ney Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

72132

CERTIFICATE OF BIRTH

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. 23

FULL NAME OF CHILD Baby girl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	Sept 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H. Rooke	FULL MAIDEN NAME	Bessie Reed
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Texas
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R H Habel

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lapwai

Filed Sept 30 1919 William R H Habel

Registrar

K

DECEASED

219-110-016-633

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72133

County of Cassia

City of Elba — Registration District No. 119 — File No.

No. ____ St.

Hospital At home — Primary Registration District No. ____ — Registered No. ____

FULL NAME OF CHILD Arlie Olley Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	Sept 10 19 19

FATHER		MOTHER	
FULL NAME	Edmund Baker	FULL MAIDEN NAME	Veggie Harriet Olley
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Elba, Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:54 A.M. on the date above stated.

(Signature) C. L. Sater

(Physician or midwife)

Address Malta Idaho

Filed Oct 1 19 19 — C. L. Sater, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/18/41 L. B.

MAY 8 1942

437-222-016-434

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Sublett

No. ____ St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 114 File No. 72134

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 22 1919

FATHER		MOTHER	
FULL NAME	Frank C. McJean	FULL MAIDEN NAME	Lillie Marguerite McDonald
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) C. D. Sater M.D.

(Physician or midwife)

Address Malta Idaho

Filed Oct 1 1919 C D Sater Registrar

816-104-016-29

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72135

County of Cassia

City of Bridge

Registration District No. 114 File No.

No. St.

Hospital At Home Primary Registration District No. Registered No.

FULL NAME OF CHILD WELDON BARNES HAWKINS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 4 19 17

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick J. Hawkins	Mary Edith Barnes
RESIDENCE	Bridge, Idaho	Bridge Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Samaria, Idaho	Standrod Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dalton

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct 1 19 19 C. L. Dalton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF **BIRTH**

PLACE OF BIRTH

County of

1-5-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Minidoka } ss.

Certificate No. 72135

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hawkins (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1919 (Date of Event) in Bridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs full name	Unnamed	Weldon Barnes Hawkins

Subscribed and sworn to before me this 10th day of January, 19 66

Notary Public, residing at Rupert, Idaho

My commission expires 12/1/69

(Seal)

Signed Mary Estelle Hawkins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 South C St., Rupert, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60 155

Own childs birth certificate gives name of father as Weldon Barnes Hawkins
Certificate # 382618. Child born Oct. 17, 1943.
Viewed by V. S.

JAN 11 1966

Metropolitan Life Ins. Policy issued July 1955 gives name as Weldon Barnes Hawkins.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

633-129-042-693

BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72136

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 208

File No. .....

Registered No. .....

FULL NAME OF CHILD Harvey Wilcox Otto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	Aug. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. H. Otto	FULL MAIDEN NAME	Beulah Wilcox
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Neb.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8/29 1919

A A Newberry
Registrar

S-Y-CO 38071

DEC 2 ? 1944

[redacted]

795-213-042-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72137

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

File No. _____

Primary Registration District No. 7086

Registered No. _____

FULL NAME OF CHILD Alice Gingerich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Sept. 13 1919

FATHER		MOTHER	
FULL NAME	W. V. Gingerich	FULL MAIDEN NAME	Alta Snyder
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 13. 1919 (Born alive ~~or stillborn~~), at 10:55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
Filer, Ida.
(Physician or midwife)

Given names added from a supplemental report.

A. A. 19

Registrar

Address

Filed 9/13 1919 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 16 1949

666-215-042-633

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

Amended 7/15/75

CERTIFICATE OF BIRTH

72138

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Joy Aline Woods

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Sept. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Woods	FULL MAIDEN NAME	Joy Otto
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Colo.
OCCUPATION	Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 15, 1919 at 11 55 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Filer, Ida.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 9-15 1919

Dr. A. A. Newberry

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 12 10 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 72138

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joy Eileen Woods (Name on Original Certificate) who was born (Was Born or Died) on September 15, 1919 (Date of Event)
in Filer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs middle name	Eileen	Aline

Subscribed and sworn to before me this 30th day of May, 19 75

Notary Public, residing at Boise, Idaho
My commission expires January 27, 1979
(Seal)

Signed Mrs Joy A. Woods (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

409½ 11th Ave. So. Nampa Ida 83651
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of May, 19 75

Notary Public, residing at Boise, Idaho
My commission expires January 27, 1979
(Seal)

Signed Phoebe R. Dyer
(Signature of Any Credible Person)

5545 Randolph Dr. Boise, Ida 83705
(Street Address, City, State)

FORM DH 60-155 Telephone call - no corresp. 2-12-75

JUL 16 1975

Certif. of Marriage from Oregon gives names as Gordon Elmer Pierce and Joy Aline Woods. dated. July 2, 1939. viewed by V. S.

Letter from School Dist No. 131, Nampa, Idaho gives name as Aline Woods. born Sept. 15, 1919. Parent's name F. E. Woods. signed by Mrs. Robert Showalter, Registrar. viewd by V. S.

613-223-042-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72139

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Frances Bernice Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Walker	FULL MAIDEN NAME	Jesse Freeman
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	St. Louis, Mo.
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 23, 1919, at 1:00 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 1919 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7439
Local Reg. No. 1
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? .....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bernice Frances Walker

5. Date of Birth of Child (Month, day, year) 9/23/19

6. Sex F.E.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes!

FATHER OF CHILD

10. FULL NAME Wm Walker
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Real Estate Dealer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie ~~Lee~~ Allsberry
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace St Louis Mo (City or town) (State or foreign country)
20. Exact Occupation Hwfe
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 10 M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Walker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature A. A. Newberry M.D. ~~Midwife~~ Address Filer Ida Date 9/24/19

State of..... }
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by....., Registrar.

(over)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

This name should have been recorded

Francis Bernice Walker

813-114-[redacted]

PLA[redacted]

Form V. S. No. 11—25m-6-18-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72140

County of [redacted]

City of Fruitland

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Full Name of Child Raymond William Hallmen

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male			March 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Hallmen	FULL MAIDEN NAME	Elizabeth J. Justice
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Ontario - Ore

Filed Sept. 9, 1919 [illegible] Paxton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1967

993-230-029-469

Form V. S. No. [illegible]-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lotah

City of Kendrick

Registration District No. 68

File No. 72141

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD NANCY TERESA RILEY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			yes	July 30th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Barney Riley	FULL MAIDEN NAME	Amelia Dorr
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	75 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho.

Filed 8-22 1919

R. F. Pepple
Registrar

Juliaetta Idaho

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR ~~AMEND~~ AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 72141
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who born (Was born or died) on July 30-1919 (Date of event)
in Kendrick, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on July 30-1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Riley	Nancy Teresa Riley
Date of birth	7/31/19	7/30/19

Subscribed and sworn to before me this 12th
day of Dec., 1941

Notary Public, residing at Kendrick, Idaho
My commission expires Jan. 31, 1944
[SEAL]

Signed Amelia Riley Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kendrick Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of Jan., 1942

Notary Public, residing at Kendrick Idaho
My commission expires Jan. 31-1944
[SEAL]

Signed Mrs Dorothy Tout
(Signature of any credible person other than the previous affiant.)
Kendrick Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAR 2 6 1919

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-206-029-693

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72142

Registration District No. 18 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lela Grace Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 6 1919

FATHER

FULL NAME Wm Carrol Cox

RESIDENCE Kendrick Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Grace Wilson

RESIDENCE Kendrick Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M on the date above stated.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho.

Filed Aug 15 1919 R N Pepple Registrar

Juliaetta Ida

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24659

JUN 1 7 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-21-029-592

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72143

County of Latah

City of Juliaetta, Idaho

P.O. No. R.F.D. R.1 St.

Registration District No. 68

File No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Julia Slouber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 11 1919

FATHER		MOTHER	
FULL NAME	Joseph Slouber	FULL MAIDEN NAME	Dorothea Visher Slouber
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Juliaetta, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	St. Paul, Minn.
OCCUPATION	Farmer	OCCUPATION	Homemaker

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address Miss Augusta Blair Juliaetta Ida

Given names added from a supplemental report.

19

Registrar

Filed 8-21 1919 [illegible] Registrar

S-Y CO. 24655

289-218-835-796

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72144

County of Ada Power

City of Juliaetta R.F.D. Registration District No. 68 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD RHODA SHREWSBURY

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 18th 1919

FATHER		MOTHER	
FULL NAME	David P. Shrewsberry	FULL MAIDEN NAME	Bessie M. Grozeclose
RESIDENCE	Juliaetta Idaho	RESIDENCE	Juliaetta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

(Signature) W. A. Rahwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed 8-22 1919 R.F. Pepple Registrar

Juliaetta Ida

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Snohomish }

Certificate No. 72144

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Rhoda Shrewsbury (Name on Original Certificate) who was born (Was Born or Died) on August 18, 1919 (Date of Event) in Juliaetta Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Shrewsberry	Shrewsbury
Name	Unnamed	Rhoda Shrewsbury

Subscribed and sworn to before me this 23rd day of June, 1942

Marguerite Larsen
Notary Public, residing at Everett

My commission expires February 26, 1946
(Seal)

Signed D P Shrewsbury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2215 Colby Everett Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 1942

Marguerite Larsen
Notary Public, residing at Everett

My commission expires February 26, 1946
(Seal)

Signed C W Shrewsbury
(Signature of Any Credible Person Other Than Previous Year)

2215 Colby, Everett Wn
(Street Address, City, State)

JUL 14 1942

JUL 15 194

369-219-029-391

PLACE OF BIRTH

[redacted]ATE OF IDAHO
[redacted]OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of ~~Kendrick~~ Troy Ida

Registration District No. _____ File No. 72145

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Laura Amy Corkill

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abner Corkill	FULL MAIDEN NAME	Eleanor Amy Craine
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Isle of Man	BIRTHPLACE	Isle of Man
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kendrick Idaho

Filed 8-22 1919 R. F. Pepple

Registrar

Registrar

Juliaetta Idaho

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 7245

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for No name (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 19th, 1919 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by fathers rememberance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Laura Amy Corkill
Birth place	Kendrick	Troy
LAURA AMY CORKILL (name)	NO NAME	LAURA AMY CORKILL

Subscribed and sworn to before me this 28th
day of December 1942.

Notary Public, residing at Troy, Ida

My commission expires 8-1-1945
(SEAL)

Signed Abner Corkill (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Troy, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of December 1942.

Notary Public, residing at Troy, Idaho

My commission expires 8-1-1945
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

Troy, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 2 0 194[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-120-029-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72146

County of Latah

City of Kendrick

No. R.F.D. 2 St.

Registration District No. 68

File No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Sidney Alan Clemenhagen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Aug (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Clemenhagen	FULL MAIDEN NAME	Adrian A. Moser
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Jordan Minnesota	BIRTHPLACE	France Europe
OCCUPATION	Farmers	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Clemenhagen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

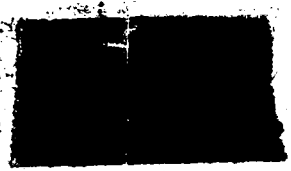
Address

Filed 9-6 1919

R F Pepple
Registrar

Juliaetta Ida

S-Y CO. 24665



...dup of 1919-2785916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-206-001-312

PLACE OF BIRTH
Amended 6-3-75

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72147

County of Canyon

City of Meridian Registration District No. 11 File No.

No. R.D. 2 St. Primary Registration District No. 2083 Registered No.

Hospital

FULL NAME OF CHILD Margie Louise Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 6 1919

FATHER	MOTHER
FULL NAME: Ray Richard Turner	FULL MAIDEN NAME: Estella Ellen Cantor
RESIDENCE: Meridian Ada R.D. 2	RESIDENCE: Meridian Ada R.D. 2
COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Dutton

(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report.

19

Registrar

Filed Sept 6 1919 Chas. A. Dutton

Registrar

IDAHO DEPARTMENT OF HEALTH 6-3-65

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 2 15 PM '75

State of .....
County of ..... } ss.

Certificate No. 72147

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marjie Louise Turner (Name on Original Certificate) who was born on Sept. 6, 1919 (Date of Event) in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Marjie Louise Turner	Margie Louise Turner

Subscribed and sworn to before me this 3rd day of June, 19 75

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

X Signed Addie E. Turner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Meridian Rural High School Diploma gives name as Margie Louise Turner who graduated from this high school on May 27, 1937. Cowell Miller, Principal
Viewed by V.S.

Certificate of Marriage issued by the State of Utah in the county of Cache gives name as Albert Cecil for the groom and Margie Louise Turner as the Bride. Married July 23, 1940.
Viewed by V.S.

JUN 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-102.001-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72148

County of Ada

City of Meridian

Registration District No. 11

File No.

No. R. D. 1 St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Walter Kenneth Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr. 2 1919

FATHER		MOTHER	
FULL NAME	Walter M. Cox	FULL MAIDEN NAME	Trout
RESIDENCE	Meridian, Ada. R.D.1	RESIDENCE	Meridian, Ada. R.D.1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida.

19

Filed Apr. 3 1919 Alice A. Dutton

Registrar

Registrar

389-205-044588

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF WASHINGTON
BUREAU OF [illegible]
CERTIFICATE OF BIRTH

72149

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Beth Eloise Childers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Nov. 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Blythe Childers	FULL MAIDEN NAME	Ruth V. Nyquist
RESIDENCE	Wildhorse Idaho	RESIDENCE	Wildhorse Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Jacksonville E. Oregon	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:10 A.M. on the date above stated.

(Signature) B. Whiteman

(Physician or midwife)

Address Cambridge - Idaho

Filed Sept 28 1919 C. E. Schmitz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1

236-103-040-626

PLACE OF BIRTH

STA[redacted]

BUREAU [redacted]

CER[redacted]

[redacted]o. 11-C—25m-9-8-15

County of Shoshone

City of Clarkia

Registration District No. 66

File No. 72150

No. _____ St.

Primary Registration District No. 2146

Registered No. _____

Hospital _____

FULL NAME OF CHILD Clarence Albert Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 3rd (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	David C. Scott	FULL MAIDEN NAME	Gertrude A. Oswald
RESIDENCE	Clarkia Idaho	RESIDENCE	Clarkia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	California	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

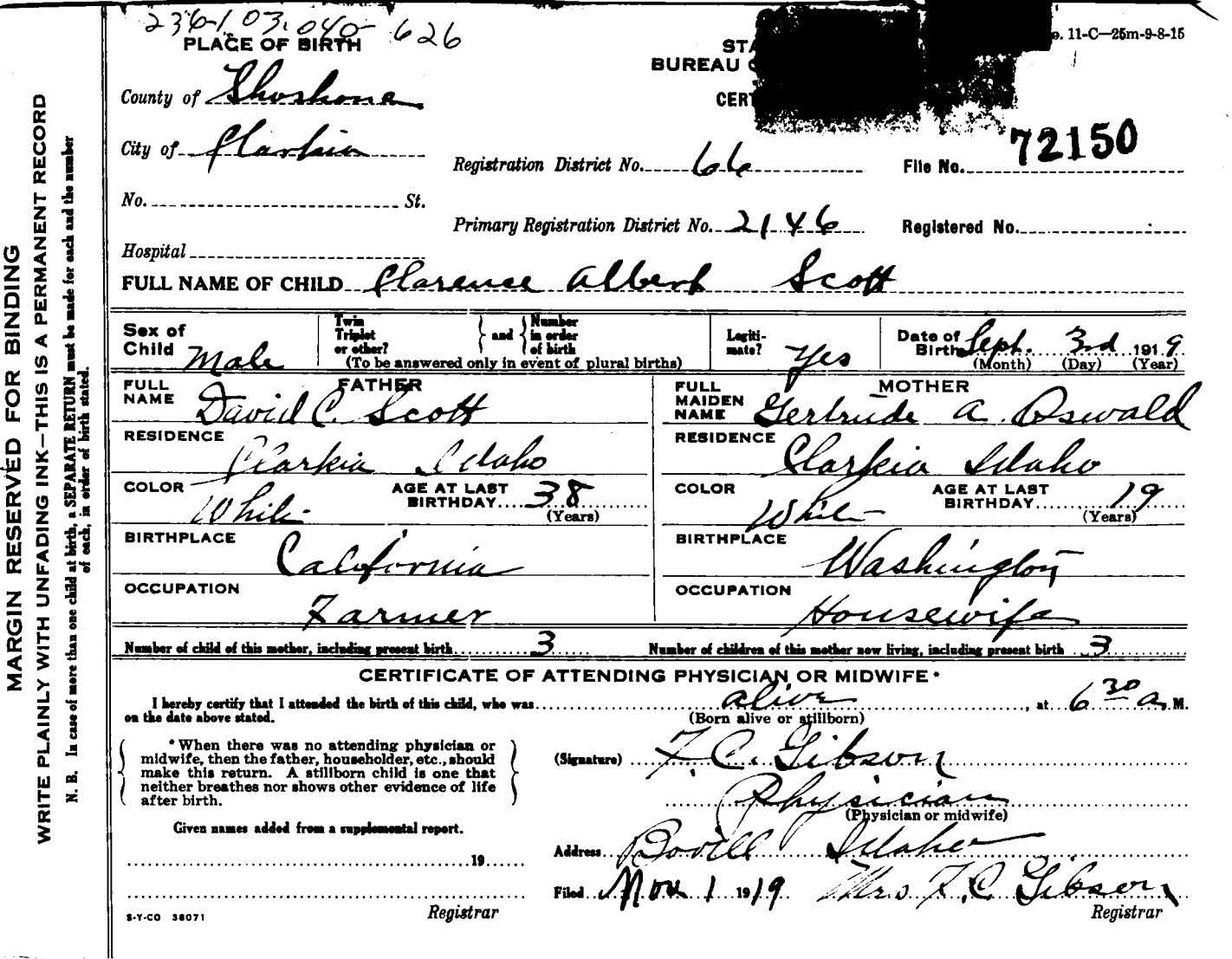
_____ 19____

_____ Registrar

Address Bovill Idaho

Filed Nov 1 1919 Mrs F. C. Gibson Registrar

S-Y-CO 38071



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 22 1942

395-228-093-795

PLACE OF BIRTH

County of Bannock

City of McCammon

No. R.F.H. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [redacted] 25m-9-S-17

Registration District No. 84 File No. 72151

Primary Registration District No. 2161 Registered No. 2427

FULL NAME OF CHILD June Verona Treasure

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Treasure	FULL MAIDEN NAME	Romania Green
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Marsh Center, Idaho	BIRTHPLACE	Woodruff, Idaho
OCCUPATION	Farmer & Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address McCammon, Idaho

19

Registrar

Filed July 31 1919 O B Lieee
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

466-213-003-319
Amended 11-16-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72152
Local Reg. No. 2428
Reg. Dist. No. 84

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arimo

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arimo

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Helen b. (Middle): Loretta c. (Last): Downey

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 13, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): C. c. (Last): Downey

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Farmer & Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lucy b. (Middle): L. c. (Last): Carrico

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Indiana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. J. Hartvigsen , M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: McCammon, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 31, 1919

22. REGISTRAR'S SIGNATURE: O. B. Steely

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 31 1966
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 72152

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Hellen Lucretia Downey (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1919 (Date of Event) in Arimo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Hellen Lucretia Downey	Helen Loretta Downey

Subscribed and sworn to before me this 7 day of October, 1966

Kenneth A. Wagner

Notary Public, residing at Wichita, Kans

My commission expires March 28, 1970

(Seal)

Signed Mary Edith Downey Potter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister

1557 No Market Wichita Kansas

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1966

Barbara B Mangrove

Notary Public, residing at Sweet Home, Ore

My commission expires 12/10/67

(Seal)

Signed Anna Elizabeth Downey Perse (sister)

(Signature of Any Credible Person)

855-4th Sweet Home, Oregon

(Street Address, City, State)

FORM DH 60-155 CL 9-27-66. nm

Social Security Card, datd Aug. 31, 1937 gives full name as Helen Loretta Downey, #519-05-7363 - viewed by V.S.

Grade Attendance Record, photo copy of original document, Public Schools, Pocatello, Idaho, Sept. 13, 1926 to Jan. 28, 1927 gives full nameas Helen Loretta Downey- viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Arano

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

72152

Registration District No. 84 File No. 5

Primary Registration District No. 2161 Registered No. 2428

FULL NAME OF CHILD Helen Lucretia Downey

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James C. Downey,	FULL MAIDEN NAME	Lucy L. Carrico,
RESIDENCE	Arano, Idaho.	RESIDENCE	Arano, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana.
OCCUPATION	Former & Laborer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Idaho.

Registrar

Filed July 31 1919 O. B. Lieely
Registrar

NOV 16 1966

793-228-003-292

PLACE OF BIRTH

County of Bannock

Post Office City of Hawkins

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72153

Form V. S. No. 11-C—Rev. 5-5-17

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2429

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Arnold Gill	Theresa Sipes
RESIDENCE	Hawkins, Idaho	Hawkins, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Weston, Idaho	Ogden, Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible], M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Mac Cammon, Idaho

Filed July 31 1919

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-229-003-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72154

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 54

File No. 51

Primary Registration District No. 2161

Registered No. 2430

FULL NAME OF CHILD Kathryn Leone Seavers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	June 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford Seavers	FULL MAIDEN NAME	Kathryn Marie ~~Seavers~~ Bradley
RESIDENCE	952 West Center St.	RESIDENCE	952 West Center St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~29~~ 27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pocatello Idaho.	BIRTHPLACE	Denver Colo.
OCCUPATION	Machinist	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed July 31 1919 O B Steele

Registrar

MARGIN RESERVED FOR BINDIN

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANE

N. B. In case of more than one child at birth a SEPARATE RETURN must be made to and the number of each, in order of birth stated.

493-224-003

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72155

County of Bannock

City of Pocatello

Registration District No. 84

File No. 51

No. ..... St.

Primary Registration District No. 2161

Registered No. 2431

Hospital Saint Anthony's

FULL NAME OF CHILD Inez Lauretta Mitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	San Louis Mitchell	FULL MAIDEN NAME	Alice Lauretta Hansen
RESIDENCE	Flagstaff, Arizona	RESIDENCE	637 E. Center St. Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	California	BIRTHPLACE	Black Hawk, Colorado
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed July 31 1919 O B Steely Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

663-21-003-918

PLACE OF BIRTH

Form V. S. No. 11-C—28m-6-6-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72156

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 5-1

No. ..... St. — Primary Registration District No. 2161 — Registered No. 2432

Hospital St. Anthonys

FULL NAME OF CHILD Charlie Follick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 21 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Loraine Follick	Lylian Ray
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Montpelier, Ida	Memphis, Tenn
OCCUPATION	Stock Yds Employee	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 6 19 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-29-203-299

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-27

72157

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 1

No. ..... St. — Primary Registration District No. 2161 — Registered No. 2433

Hospital St Anthonys

FULL NAME OF CHILD James Lyn Lawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 29 (Month) (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	James Ovid Lawson	FULL MAIDEN NAME	Lillian Kirby
RESIDENCE	Mackay, Idaho	RESIDENCE	Mackay, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	California	BIRTHPLACE	Almy, Wyo
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 6, 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1947

NOV 2 1942

1954

535-119.003-565

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72158

County of Bannock

City of Pocatello

No. 1115 W Buchanan St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 71

Registered No. 2434

FULL NAME OF CHILD Mike O. ~~Elderbrook~~ ELERICK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 19 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: Lee ~~Elderbrook~~ ELERICK	FULL MAIDEN NAME: Tennie Noel
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: ~~X~~ 40 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: VanBurean Co. IOWA	BIRTHPLACE: Noel, Mo.
OCCUPATION: Hostler	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 6 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-124-003-515

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72159

County of ...Bannock.....

City of ..Pocatello.....

No. 318 So. 2nd .....St.

Hospital .....

Registration District No. .....84.....

Primary Registration District No. 2161

File No. .....1.....

Registered No. 24

FULL NAME OF CHILD .....Parley C. Smith Jr.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
M		Yes	July 24 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: Parley C Smith	FULL MAIDEN NAME: Gail VanAusdeln
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Oakley, Idaho	BIRTHPLACE: Kansas City, Mo .
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth ...1.... Number of children of this mother now living, including present birth ....1....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2.10 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 6, 19 19

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15 1955

APR 15 1955

719-226.003-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72160

County of Bannock

City of Pocatello

No. 709 No 7th St.

Hospital

Registration District No. 84

File No. 1

Primary Registration District No. 2161

Registered No. 2436

FULL NAME OF CHILD Matilda Parras

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	July 26 1919

FATHER		MOTHER	
FULL NAME	Mike Parras	FULL MAIDEN NAME	Elizabeth Gates
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Pocatello
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 6 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867201-005-384

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72161

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 31

Name added 3-25-81

No. ..... St. — Primary Registration District No. 2161 — Registered No. 2437

Hospital .....

FULL NAME OF CHILD Bernice Turner Hopper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug. 1 1919

FATHER		MOTHER	
FULL NAME	Samuel Hopper	FULL MAIDEN NAME	Martha Crump
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn), at 8.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roaf M.D.
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Aug 11 1919 E. B. Steely
Registrar

1-26-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } ss.

EB 3 11 08 AM '81

Certificate No. 72161
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hopper (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-1-19 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Bernice Turner Hopper

Subscribed and sworn to before me this 30th day of January, 1981

Notary Public, D. V. Carlson
Residing at Pocatello, Idaho
My commission expires Life
(Seal)

Bernice Turner Hopper Hall
Signature of Applicant
590 Randolph - Poc Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that she has knowledge of the facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 30th day of January, 1981

Notary Public, D. V. Carlson
Residing at Pocatello Ida
My commission expires Life
(Seal)

Ellen R. Cook
Supporting Signature Sister
812 So 4th Poc Ida 83201
Street Address, City, State

1 cc pd

Certificate of Baptism gives name as Bernice Turner Hopper Baptized 2-29-1931. Born August 1, 1919 in Central Christian Church at Pocatello, by Rev. Charles Stout.

MAR 30 1981

Viewed by V.S.

School record for School-year of 1925-1926, gives name as Bernice Turner Hopper, born Aug 1, 1919 in Pocatello, Ida. Issued by Pocatello School System.

Viewed by V.S.

697-205-003-663

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72162

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2438

FULL NAME OF CHILD Catherine Cecelia Wagener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alphonse Henry Wagener	FULL MAIDEN NAME	Alma Wolter
RESIDENCE	McCammon, Idaho	RESIDENCE	McCammon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Merch, G.D. Luxembourg	BIRTHPLACE	Guttenberg, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed Aug 8, 1919 O B Steely Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 30 1956

759-206-003-168

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 84 File No. 72163

Primary Registration District No. 2161 Registered No. 2439

FULL NAME OF CHILD Elizabeth Gjerk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 6th 1919

FATHER		MOTHER	
FULL NAME	Joseph Carl Gjerk	FULL MAIDEN NAME	Myrtle Elizabeth Johnson
RESIDENCE	317 S. Ninth Ave. Pocatello, Ida	RESIDENCE	317 S Ninth Ave, Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Paducah Kentucky	BIRTHPLACE	Alberta, Canada
OCCUPATION	Clerk-Store Dept. O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Steely

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed Aug 8, 19 19 A B Steely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

483-216-003-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72164

County of Bannock

City of 2 Miles N. of Pocatello

Registration District No. 84 File No. 51

No. On Ranch St.

Primary Registration District No. 2161 Registered No. 2440

Hospital Home

FULL NAME OF CHILD June Lula Myler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Frank Myler	FULL MAIDEN NAME	Mabel Roselpha Beebe
RESIDENCE	2 Miles N. Pocatello	RESIDENCE	2 Miles N. Pocatello
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 yr. (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lewisville, Idaho	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 905 So. Main

Filed Aug 23 1919 F B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1958

748-123-003-413

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 155 N. Arthur St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

V. S. No. 11-C—25m-3-8-17

72165

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2441

FULL NAME OF CHILD Vernon Earl Graymon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 23 1917

FATHER	MOTHER
FULL NAME Gregg Eargene Graymon	FULL MAIDEN NAME Edna Gertrude Mace
RESIDENCE 155 N. Arthur	RESIDENCE 155 N. Arthur
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Vernal Utah	BIRTHPLACE Sandy City, Utah
OCCUPATION Common labor	OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna W. Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 23 1917

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-30-41

JAN 24 1952

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. next to Y.M.C.A.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county one years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. next to Y.M.C.A.
(e) How long has **MOTHER** lived in Idaho? one yrs
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Vernon Earl Guymon
5. Date of Birth (Month, day, year) July 23, 19[illegible]
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gregg Eugene Guymon
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Vernal (City or town) Utah (State or foreign country)
14. Exact Occupation Ice cream manufacturer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Gertrude Mace
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Sandy (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and then living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Gertrude Guymon, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Vernon Earl Guymon (Name of person on certificate above) as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (name unknown), (Name of attendant at birth) who attended said birth is now deceased or cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Gertrude Guymon Signature
361 W. Center St., Fallon, Nevada P. O. Address

Subscribed and sworn to before me on this 9 day of August 1941

(SEAL) _____ Notary Public, residing at Fallon, Nevada

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-125-003-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72166

County of Bannock

City of 2 Miles N. Pocatello

Registration District No. 34

File No. 51

No. Ranch St.

Primary Registration District No. 2161

Registered No. 2442

Hospital Home

FULL NAME OF CHILD Isamu Yamaguchi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Senitaro Yamaguchi	FULL MAIDEN NAME	Haruyo Yoshimoto
RESIDENCE	2 Miles N. of Pocatello	RESIDENCE	2 Miles N. of Pocatello
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Gardening	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address 905 So. Main St.

Registrar

Filed Aug 23 1919 O. B. Steeg Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-127-003-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72167

County of Bannock

City of Pocatello

No. 231 N. 3rd Ave. St.

Hospital

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2443

FULL NAME OF CHILD Kaoru Sakamoto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bunyomo Sakamoto	FULL MAIDEN NAME	Noroe Sacao
RESIDENCE	231 N. 3rd Ave	RESIDENCE	231 N. 3rd Ave.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Section Foreman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/21/42

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address 905 So. Main St.

19

Filed Aug 23, 1919 O B Lotely

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1942

MAR 20 1959

955-128-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72168

County of Bannock

City of Pocatello

No. 128 N. 11th Ave. St.

Hospital Home

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2444

FULL NAME OF CHILD Richard Roy Iverson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Richard Iverson	FULL MAIDEN NAME	Vennia Bullock
RESIDENCE	128 N. 11th Ave.	RESIDENCE	128 N. 11th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address 905 So. Main St.

19

Filed Aug 23 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-112-003-238

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72169

County of Bannock

City of Bocatello

No. 525 West Day St.

Hospital Home

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2445

FULL NAME OF CHILD Emil Paul Schmidt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Schmidt	FULL MAIDEN NAME	Amelia Schultz
RESIDENCE	525 West Day St.	RESIDENCE	525 W. Day St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Amy W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address 205 So. Main St.

19

Filed Aug 23 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1949

OCT 2 3 1974

SEP 7 1949

791-124.003-856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 656 W. Bonneville St.

Registration District No. 84 File No. 72170

Primary Registration District No. 2141 Registered No. 2476

Hospital

FULL NAME OF CHILD Thomas E. Grayson Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓		yes	Aug 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas E. Grayson	Rose E. Yeoman
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Trade, Tenn.	Salt Lake City, Utah
OCCUPATION	accountant	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Aug 25 19 19 O. B. Steely

Registrar

K

36K 228.003-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72171

County of Bannock

City of Pocatello

Registration District No. 84

File No.

No. 637 No. 8th St.

Primary Registration District No. 2161

Registered No.

Hospital

FULL NAME OF CHILD Louise Emma Lombardi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	August 28 19

FATHER	MOTHER
FULL NAME: Marcus Lombardi	FULL MAIDEN NAME: Minnie Loppie
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Germany
OCCUPATION: Boilermaker	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

..... Registrar

Filed Jan 8 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1959
DEC 11 1959

FEB 11 1975

393 228 003-239

PLACE OF BIRTH

Form V. S. No. 11-C—22m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72172

County of Bannock

City of Pocatello

No. 428 So. 10th St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No.

Registered No.

FULL NAME OF CHILD Martha Louise Ticknor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	August 28 19 9

FATHER	MOTHER
FULL NAME: William Webb Ticknor	FULL MAIDEN NAME: Irene Strede
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Helena Mont	BIRTHPLACE: St Paul, Minn
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed Jan 8 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1972

533-212-003-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72173

County of Bannock

City of Pocatello — Registration District No. 84 — File No.

No. ..... St. Country — Primary Registration District No. 2161 — Registered No.

Hospital

FULL NAME OF CHILD Mabel Marie Ellsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	August 12 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Ellsworth	FULL MAIDEN NAME	Emma Chapman
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sumer, Iowa	BIRTHPLACE	Endicot, Nebr
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9.30A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 8 19 19 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-163:003-239

PLACE OF BIRTH

Form V. S. No. 12-C—20m-8-2-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72174

County of...Bannock.....

City of...Pocatello.....

No. 409 No 7th.....St.

Hospital.....

Registration District No...84.....

Primary Registration District No...2161.....

File No.....

Registered No.....

FULL NAME OF CHILD.....Herbert Hillier.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	August 13 1909

FATHER	MOTHER
FULL NAME: Herbert Hillier	FULL MAIDEN NAME: Edith Stipp
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: England	BIRTHPLACE: Ogden, Utah
OCCUPATION: Implement dealer	OCCUPATION: Housewife

Number of child of this mother, including present birth.....1.... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....born alive..... (Born alive or stillborn), at....1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)....[signature]....

.....Physician..... (Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....Registrar

Address.....Pocatello, Idaho.....

Filed.....Sept 8.....19.19.....

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

APR 4 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

527-230-003 446

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72176

County of Bannock

City of Pocatello

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital St. Anthony

FULL NAME OF CHILD Julia Marie Espitallier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Aug 28 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Espitallier	FULL MAIDEN NAME	Germaine Dufrene
RESIDENCE	136 So 3rd Ave	RESIDENCE	136 So 3rd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	France	BIRTHPLACE	Pocatello Ida
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Calvin (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Sep 6 1919 [illegible]

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 72176

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Julia Marie Espitallier (Name on Original Certificate) who born (Was Born or Died) on August 30th, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on November, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Julia Marie Espitallier
Date	Aug. 28th	Aug. 30, 1919

Subscribed and sworn to before me this 20th day of September, 1943.

Theodore H. Gathe, Jr.
Notary Public, residing at Pocatello, Idaho.

My commission expires Feb. 15, 1946
(Seal)

Signed Germaine Espitallier sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

157 North 4th, Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September, 1943.

Theodore H. Gathe, Jr.
Notary Public, residing at Pocatello, Idaho.

My commission expires Feb. 15, 1946.
(Seal)

Signed Julia D. Olsen Aunt.
(Signature of Any Credible Person Other Than Previous Year)

342 North 4th, Pocatello, Idaho.
(Street Address, City, State)

SEP 23 1943

APR 22 1957

SEP 24 1943

685·126·003-389

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72177

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD George Christie Wheelock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph A. Wheelock	FULL MAIDEN NAME	Cora Mable Christie
RESIDENCE	1534 Taft Ave	RESIDENCE	1534 Taft Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Woodruff. Utah	BIRTHPLACE	Belleview. Idaho
OCCUPATION	Machinest	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Bowen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed Sep 6, 1919 P B Steely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1975

AUG 6 [illegible]

219-221-003-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72180

County of Bannock

City of ~~Robin~~ Aramo

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilda Bair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum F. Bair	FULL MAIDEN NAME	Wilda Johnson
RESIDENCE	Aramo, Idaho	RESIDENCE	Aramo, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Bountiful, Utah.
OCCUPATION	Cook	OCCUPATION	Wife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Bartvigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mr Cammon, Idaho

Filed Sep 6, 1919 O B Reed

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-208-003-319
Amended 3-9-78

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72181

County of Bannock

City of McCammon

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Imogene Ruth Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Harris	FULL MAIDEN NAME	Dorothy Larsen
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Woodruff, Idaho	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Farmer & Town Marshall	OCCUPATION	Wife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Bartogue, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon, Idaho

Filed Sep 6 1919 P B Steely

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 17 1 32 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72181

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Emogene Ruth Harris (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1919 (Date of Event)

in McCammon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Emogene	Imogene

Subscribed and sworn to before me this 14 day of February, 19 78

Notary Public, residing at Boise Idaho

My commission expires May 1979

(Seal)

Signed Imogene R Gudmundsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

ICPpd

Own childs birth certificate on file with Vital Statistics gives name of mother as Imogene Ruth Harris. Child born Sept. 25, 1957 in Boise, Idaho. Certificate # 57-10949.
Viewe d by V.S.

Certificate of Baptism and Confiratmion gives name as Imogene Ruth Harris daughter of Lorenzo Harris and Dorothy Larsen born July 8, 1919 at McCammon, Idaho Baptized October 2, 1927 in L.D.s.Church.
Viewed by V.S.

238-125-003-238

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock Co.,

City of Pocatello Idaho Registration District No. 84 File No. 72182

No. 1534 No Main Primary Registration District No. 2161 Registered No. 2450

Hospital .....

FULL NAME OF CHILD Emmanuel Schaffer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			July 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Schaffer.	FULL MAIDEN NAME	Eva Schaffer
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Boiler Maker	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....

(Physician or midwife)

Address [illegible]

Filed Sep 2 1919 O B Steele

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-206-003-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **72183**

County of Bannock

City of Pocatello

Registration District No. 84 File No. 51

No. ..... St.

Primary Registration District No. 2161 Registered No. 2451

Hospital St. Anthony's

FULL NAME OF CHILD La Vesta Annetta Perry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Aug 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Cooper Perry	FULL MAIDEN NAME	Ethel Ola Blythe
RESIDENCE	710 E. Center	RESIDENCE	710 E. Center
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Carlton Co. Mo.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Native (Born alive or stillborn) at 4 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Sep 2 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-208(003)-386

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72184

County of Bannock

City of Pocatello

Registration District No. 84 File No. 51

No. ..... St.

Primary Registration District No. 2161 Registered No. 2452

Hospital .....

FULL NAME OF CHILD Mary Ann Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 8 1919

FATHER	MOTHER
FULL NAME John Thomas Thompson	FULL MAIDEN NAME Eliza a [illegible] Thomas
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Pocatello	BIRTHPLACE Scotland
OCCUPATION Farmer	OCCUPATION Housed [illegible]

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed Sept 2, 1919 O B Treece Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-212-003-495

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. N. Garfield St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72185

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2453

FULL NAME OF CHILD Mary CAROLINE Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Aug 12 1919

FATHER		MOTHER	
FULL NAME	John Weston Stevens	FULL MAIDEN NAME	Cloe Miner
RESIDENCE	Rear 916 N. Garfield	RESIDENCE	916 N. Gar.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	North Carolina	BIRTHPLACE	Fairview. Ut
OCCUPATION	Machinest	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Idaho

Filed Sep 2 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-116-003-144

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 File No. 72186

Primary Registration District No. ..... Registered No. 4

FULL NAME OF CHILD Wm. Elwood Barbour

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Aug (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas J. Barbour	FULL MAIDEN NAME	Mable Judkins
RESIDENCE	715 N. Grant	RESIDENCE	715 N. Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Pocatello, Ida	BIRTHPLACE	Soda Springs, Ida
OCCUPATION	O.S.L. Contract	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19 .....

Registrar

Filed Sep 7, 1919 O B Steel

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 72186

SEP 25 1961

County of Bannock

City of Pocatello

APR 2 1 2010

819-118 003-191

Form V. S. No. 11-C—Rev. 9-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72187

County of Bannock

City of Pocatello

Registration District No. 84

File No.

No. ..... St.

Primary Registration District No. 2161

Registered No. 2465

Hospital St Anthony (Pierre)

FULL NAME OF CHILD Pierre Harriet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Apr 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Harriet	FULL MAIDEN NAME	Marie Arambell
RESIDENCE	754 So 4th	RESIDENCE	754 So 4th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Sep 2, 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

492-228-003-862

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

72188

County of Bannock

City of Fort Hall

No. Not Numbered St.

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2459

Hospital

FULL NAME OF CHILD Iko Mise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	April 28 1919

FATHER	MOTHER
FULL NAME Ichimatsu Mise	FULL MAIDEN NAME Fusa Yokoyama
RESIDENCE Fort Hall, Idaho	RESIDENCE Fort Hall, Idaho
COLOR Japanese 4/4 AGE AT LAST BIRTHDAY 45 (Years)	COLOR Japanese 4/4 AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Henry R Wheeler

Physician
(Physician or Midwife)

Address Fort Hall, Idaho

Filed Aug 24, 1919 O B Steele
Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-101-003-168

PLACE OF BIRTH

County of Bannock

City of N. Pocatello

No. 1590 Taft St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72189

Registration District No. 84 File No. 3

Primary Registration District No. 2161 Registered No. 2458

FULL NAME OF CHILD Burrell Oscar Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 1 1919

FATHER		MOTHER	
FULL NAME	Nathan Robinson	FULL MAIDEN NAME	Abby Johnson
RESIDENCE	1590 Taft	RESIDENCE	1590 Taft
COLOR	W AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	Commission Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed Sept 9 1919 O. B. Kessy Registrar

JAN 2 1953

914-125-003-893

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 930 S Main St.

Hospital

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72190

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2457

FULL NAME OF CHILD Smith Ramstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 25 1919

FATHER		MOTHER	
FULL NAME	Leonard Ramstrom	FULL MAIDEN NAME	Anna Higgins
RESIDENCE	930 S. Main	RESIDENCE	930 S. Main
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Light Repairing O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed 9-2 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-123-003 612

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72191

County of Bannock

City of Pocatello

Registration District No. 84 File No. 51

No. ..... St.

Primary Registration District No. 2161 Registered No. 2455

Hospital General

FULL NAME OF CHILD Stanley Russell Faulkner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 23 1919

FATHER	MOTHER
FULL NAME Roy Faulkner	FULL MAIDEN NAME Maggie Wakely
RESIDENCE Chesterfield	RESIDENCE Chesterfield
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. F. Smith

(Physician or midwife)

Address Pocatello Idaho

Filed Sept 2 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-127-003-493

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello Ida

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 84 File No. 72192

Primary Registration District No. 2161 Registered No. 2449

FULL NAME OF CHILD Robert N. Moon

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	single	2	yes	July 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Flava Moon	FULL MAIDEN NAME	Mary Lee Miller
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Washington	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 29 1919 at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Miller MD

Phy.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Ida

Filed 8-3 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Tennessee } ss.
County of Unicoi }

Certificate No. 72192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of July 25, 1919 (Birth ~~or Death~~)
for Robert N. Moon (Name on Original Certificate) who July 25, 1919 (Was Born ~~or Died~~) on July 27, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Immediatly after Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Robert N. Moon

Subscribed and sworn to before me this 12th day of March, 1942

Notary Public, residing at Erwin, Tennessee

My commission expires Jan. 17, 1944.
(Seal)

Signed Mrs. Mary L. Moon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. #2 - Erwin, Tenn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Tennessee } ss.
County of Unicoi }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1942.

Notary Public, residing at Erwin, Tennessee

My commission expires Jan. 17, 1944
(Seal)

Signed Mrs A. C. Grice
(Signature of Any Credible Person Other Than Previous Year)

321-Opekiska Street
Erwin, Tennessee
(Street Address, City, State)

FEB 25 1944

Amended 11-7-58

PLACE OF BIRTH

993-22-0003 845

County of Bannock

City of Inkom, Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 72193

Primary Registration District No. 2161 Registered No. 2448

FULL NAME OF CHILD Maicie Richardson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 22, [redacted] 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Robert H. Richardson	FULL MAIDEN NAME	Dora Hunt
RESIDENCE	Inkom, Idaho	RESIDENCE	Inkom, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James F. Miller, M.D.

(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 8-3-1919 [redacted] O.B. Steely

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [redacted]

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF [redacted] OR DEATH

State of IDAHO } ss.
County of LEMHI }

OCT 26 1942

Certificate No. 12195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UNNAMED RICHARDSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 22, 1919 (Date of Event)
in INKOM, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. BIRTH CERTIFICATE (Bible Record, Insurance Policy, Etc.) prepared on SEPTEMBER, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Maisie Richardson

Subscribed and sworn to before me this 24th day of OCTOBER, 1942

Maurice C. McBride

Notary Public, residing at SALMON, IDAHO

My commission expires 11/24/44

(Seal)

Signed Carl Richardson, Bro.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LEMHI }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of OCTOBER, 1942

Maurice C. McBride

Notary Public, residing at SALMON, IDAHO

My commission expires 11/24/44

(Seal)

Signed Ruth Richardson Pippin sister
(Signature of Any Credible Person Other Than Previous Year)

SALMON, IDAHO
(Street Address, City, State)

NOV 10 1958

L.D.S. Church Record, stated that Maicie Richardson was Baptized Aug. 4, 1929 - viewed by V.S. Own Child's Birth Certificate, Utah Birth, #2477, Nov. 28, 1946 - gives nameas Maicie Richardson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72193

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Maisie Richardson (Name on Original Certificate) who born (Was Born or Died) on July 22, 1919 (Date of Event) in Inkom (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Maisie	Maicie
		Richardson

Subscribed and sworn to before me this 17th day of October, 1958

F. Burton McCankie

Notary Public, residing at Salt Lake City, Utah

My commission expires 15 Sept 1962

(Seal)

Signed Dora Elizabeth Richardson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] City - Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1958

J. H. Carlson

Notary Public, residing at Pocatello Idaho

My commission expires June 1, 1960

(Seal)

Signed Clara Minerva

(Signature of Any Credible Person)

1255 N. Garfield Ave. Pocatello Idaho

(Street Address, City, State)

1255 N. Garfield Ave.

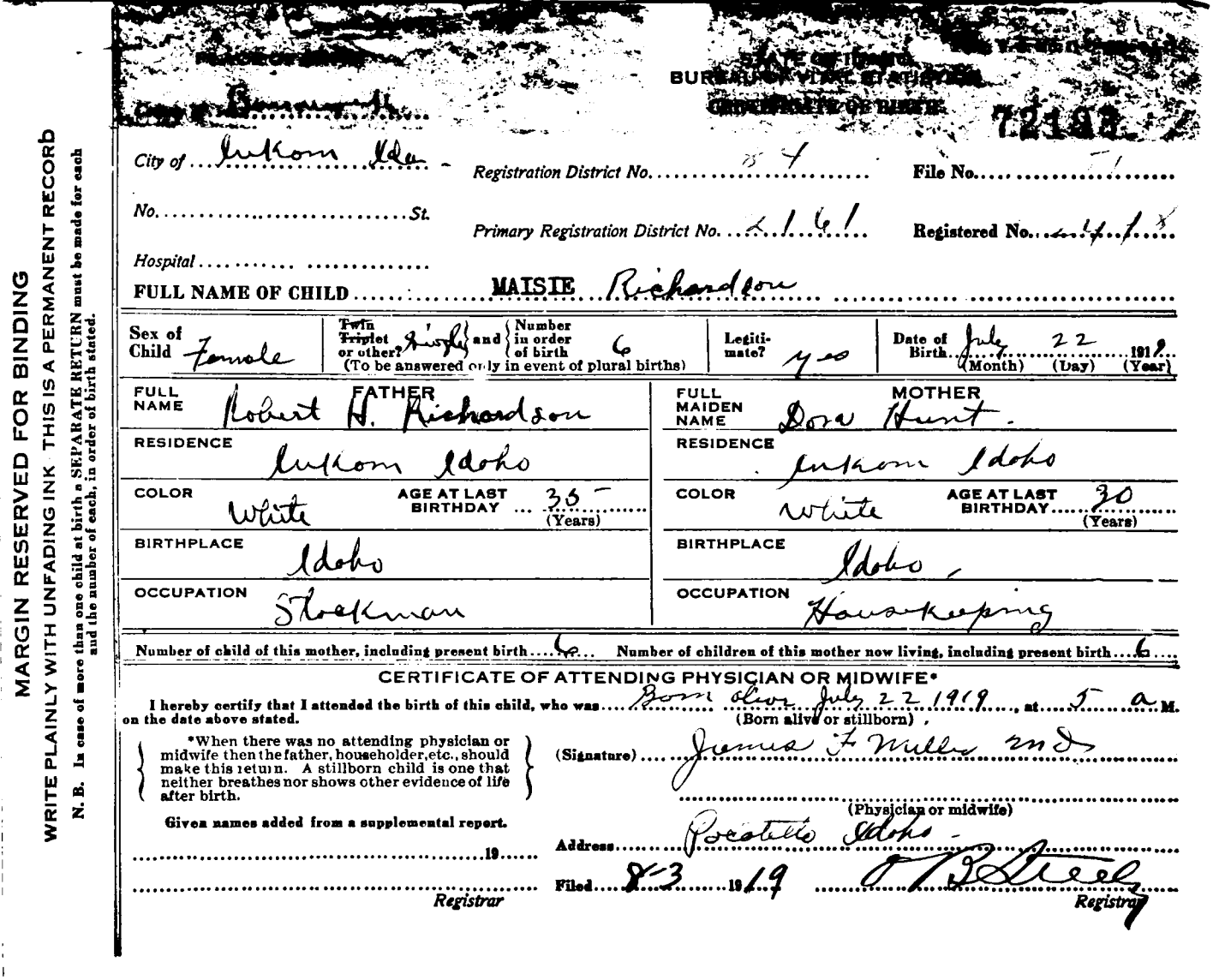
FORM DPH 55.155

NNCL 1-15-58 pm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72193

City of Inkom Ida

Registration District No. 84

File No. 51

No. ..... St.

Primary Registration District No. 2161

Registered No. 2418

Hospital .....

FULL NAME OF CHILD MAISIE Richardson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	6	yes	July 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert H. Richardson	FULL MAIDEN NAME	Dora Hunt
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 22 1919 (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James F Miller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 8-3 1919

O B Steele
Registrar

Registrar

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72193

PLACE OF BIRTH

County of Bonneville

295.203.003-796

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 245 S Grant St.

Hospital

Registration District No. 4

File No. 72194

Primary Registration District No. 161

Registered No. 2447

FULL NAME OF CHILD King

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
female	Single	3	yes	July 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred King	FULL MAIDEN NAME	Phoebe Alice Craxall
RESIDENCE	245 S Grant Pocatello Idaho	RESIDENCE	245 S Grant Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Laborer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Pocatello Idaho July 3 1919 at 3 Pm M. on the date above stated.

(~~Born~~ alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 19

Registrar

O. B. Reed

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296 029.003-281

PLACE OF BIRTH

County of Bannock

Amended 12-11-80

City of Pocatello

No. 908 N. 9th St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-C—25m-3-3-15

CERTIFICATE OF BIRTH

72195

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Zelma Betty Brower

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	7/29/1919

(To be answered only in event of plural births)

FATHER

FULL NAME James Arthur "Art" Brower

RESIDENCE 908 N. 9th

COLOR white

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Fireman

MOTHER

FULL MAIDEN NAME Alice H. Sharp

RESIDENCE 908 N. 9th

COLOR white

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE Utah Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) J. H. Lyman Physician

(Physician or midwife)

Address Lyman Bros. Hospital

Filed Aug 5 1919 O B Steely Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
DEC 16 4 02 PM '80
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of _____ } ss.

Certificate No. 72195
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Not named Brown (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 29, 1919 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	~~Zelma Betty Brower~~
father's last name	Brown	~~James Arthur~~ Brower
~~sex of child~~	~~omitted~~	female

Subscribed and sworn to before me this 15th day of December, 1980.

~~Notary Public~~, Helen Hall

Residing at HELEN HALL

My commission expires POWER COUNTY CLERK

(Seal) AMERICAN FALLS, IDAHO 83211

X Zelma Betty Brower Eubanks
Signature of Applicant

Muller Mobile Manor #17 American Falls Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

K 12-11-80 Holding at desk - Florence

Certificate of Baptism and Confirmation gives name as Zelma BEtty Brower daughter of James Arthur Brower and Alice Helnea Sharp born July 29, 1919 at Pocatello, Idaho, Baptized July 8, 1928, in L.D.S.Church. Father's nickname (Otto)
Viewed by V.S.

Certificate of Blessing gives name as Zelma Betty Brower daughter of James Arthur Brower and Alice H. Sharp. born July 29, 1919 at Pocatello, Idaho, Blessed October 5, 1919 in L.D.S.Church.
Viewed by V.S.

713-209.055-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 440 No 3rd St.

Hospital .....

Registration District No. ..... File No. 72196

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Not Named~~ Charlotte Susan Gallihugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	8/9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Luther Gallihugh	FULL MAIDEN NAME	Alta Adams
RESIDENCE	440 No 3rd	RESIDENCE	440 No 3rd
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

(Physician or midwife)

Given names added from a supplemental report.

..... 1919

Address Lynn Bros Hosp. Pocatello

Registrar

Filed Sep 5 1919 O B Steel

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of West Virginia } ss.
County of Kanawha }

Certificate No. 72196

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for CHARLOTTE SUSAN GOLIHUGH (Name on Original Certificate) who WAS BORN (Was Born or Died) on AUGUST 9, 1919 (Date of Event)
in POCATELLO, BANNOCK County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Golihugh	Gallihugh
name	none given	Charlotte Susan Gallihugh

Subscribed and sworn to before me this 24th day of February, 1944

Harold Epperly

Notary Public, residing at Miami, W. Va.

My commission expires June 7, 1949
(Seal)

Signed D L Gallihugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SHARON, W. VA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of West Virginia } ss.
County of Kanawha }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1944

Harold Epperly

Notary Public, residing at Miami W Va

My commission expires June 7, 1949
(Seal)

Signed Mrs Josephine Spradling
(Signature of Any Credible Person Other Than Previous Year)

Miami W Va
(Street Address, City, State)

MAR 16 1944

255·108·003-165

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 577 S. 4th Ave. St.

Hospital Pocatello General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72197

Registration District No. 64 File No. 51

Primary Registration District No. 2161 Registered No. 2460

FULL NAME OF CHILD — Bentley, WILLIAM ALLEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Y	Aug. 8 1917

FATHER		MOTHER	
FULL NAME	Finis Bentley	FULL MAIDEN NAME	Rosemary Jones
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Marshall, Mich	BIRTHPLACE	Evansville Indiana
OCCUPATION	Lawyer	OCCUPATION	Asst

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:55 p. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. F. Howard, M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed 9-2-1917 O. B. Keach
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1941
OCT 11 1943

AUG 31 1953

11/28/40 L. B.

693-118-003-415

~~Form V. S.~~ No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 755 S. 4th Ave

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72198

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2461

FULL NAME OF CHILD Wilson, Eldon Doyle

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Y | Date of Birth Aug. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra D. Wilson	FULL MAIDEN NAME	Rebecca Davis
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	[redacted]
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Montpelier Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.20 p M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard MD

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 4-2 1919 O B Sleeley

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-736666

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 72198

Date Filed May 6, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Aug. 18, 1919 (DATE OF EVENT) in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismal record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 28, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Eldon Doyle Wilson

Subscribed and sworn to before me this 6th day of May, 1942

Notary Public, residing at Salt Lake City, Utah

My commission expires April 14 1946.

(SEAL)

Signed Lynn R. Wilson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1004 Harvard Salt Lake Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of May, 1942

Notary Public, residing at Salt Lake City, Utah

My commission expires April 14 1946.

(SEAL)

Signed Mary V. Twitchell

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

364 No 12 West St.

(STREET ADDRESS, CITY, STATE)

Salt Lake City.

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

AUG 21 1972

MAY 8 1942

495-124-003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 726 N. 11th Ave

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72199

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2462

FULL NAME OF CHILD John Henry Minshew

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Aug. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Henry Minshew	FULL MAIDEN NAME	Libbie Williamson
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Goldsborough, N.C.	BIRTHPLACE	Warsaw N.C.
OCCUPATION	Boilermaker	OCCUPATION	Hswf

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 9-2 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-229-003-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 407 S. Garfield St.

Hospital Pocatello General

Registration District No. 84

Primary Registration District No. 2161

File No. 72200

Registered No. 2463

FULL NAME OF CHILD Gray, ANNABELLE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Aug 29 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Warren Gray	FULL MAIDEN NAME	Grace Gray
RESIDENCE	407 S. Garfield Ave Pocatello Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Chesterfield, Idaho
OCCUPATION	Meat Cutter	OCCUPATION	Hswf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Address Pocatello Idaho

Filed 9-2 1917

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1945 No Money Enclosed

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 72200
County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Annabelle Gray (Name on Original Certificate) who was born (Was Born or Died) on August 29, 1919 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Doctor J. W. Howard doctor (Bible Record, Insurance Policy, Etc.) prepared on August 29, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Gray	Annabelle Gray
Birth Date	August 28, 1919	August 29, 1919

Subscribed and sworn to before me this 16th
day of April, 1945
[signature]
Notary Public, residing at Pocatello Ida.
My commission expires June 24, 1947
(Seal)

Signed Grace Gray. Spahr,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1438 E. Dark, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

APR 1 9 1945

493-114-1003-386

[redacted]

Form V. S. No. 11-C—2Mm-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72201

County of Bannock

City of Pocatello Registration District No. 84 File No. 5

No. 622 So 5th St. Res. Primary Registration District No. 2161 Registered No. 2464

Hospital Pocatello General

FULL NAME OF CHILD Thormund Aubrey Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 14 1919

FATHER		MOTHER	
FULL NAME	Roy Edmund Miller	FULL MAIDEN NAME	Lillian Thordanson
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Leadville, Colo.	BIRTHPLACE	North Dakota
OCCUPATION	Director of Agriculture Idaho Technical Institute	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 9-1 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-116-003-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Mar. 5-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72202

County of Bannock

City of Pocatello

No. 67 No. Garfield St.

Hospital .....

Registration District No. 84 File No. 1

Primary Registration District No. 2161 Registered No. 2465

FULL NAME OF CHILD John Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Dean Harris	FULL MAIDEN NAME	Grace Allen
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Flint, Mich.	BIRTHPLACE	Springville, Utah
OCCUPATION	Locomotive Crane Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Kay

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 9-1 1919 [signature]

Registrar

Registrar

DEPARTMENT OF PUBLIC WELFARE 72202
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 11 1941

...nty of Bannock
...y of Pocatello
...22 N Garfield St.
819-116-003-1313

Registration District No. 84 State File No.

...born in hospital or institution give name.)

Prim. Registration District No. 2161 Local Registrar's No. 57

FULL NAME OF CHILD John Harris

...ex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth 4	6. Premature / Full term ✓	7. Legitimate? yes	8. Date of birth July 16, 1919 (Month, Day, Year)

FATHER		MOTHER	
Full name	Edwin Dean Harris	18. Full maiden name	Grace Allen
Residence (usual place of abode) (If non-resident, give place and State)	Pocatello	19. Residence (usual place of abode) (If non-resident, give place and State)	Pocatello Ida
Color or race	wh	20. Color or race	wh
12. Age at last birthday	48 (years)	21. Age at last birthday	34 (years)
Birthplace (city or place) (State or Country)	Fount Mich	22. Birthplace (city or place) (State or Country)	Springville Utah
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Crane Engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	H wife
16. Date (month and year) last engaged in this work	, 19	25. Date (month and year) last engaged in this work	, 19
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag No3 4

Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at 3 P.M. on the date above stated
(Born Alive or ~~Stillborn~~)

When there was no attending physician midwife, then the father, householder, etc., ...ld make this return.

(Signed) F M Ray F M Ray, M. D.
or ... Midwife
Address Pocatello Idaho

...e name added from ...pplemental report

8-20-4

753-204-003-669

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

Fairview Addt.

No. 16 Pocatello St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72203

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2466

FULL NAME OF CHILD Lois Marie Pellum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ruby John Pellum	FULL MAIDEN NAME	Pepah Alice Swings
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Staples, Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 9-1 1919 O. B. Greer

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1967

253-107-003-962

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72204

County of Bannock

City of Pocatello

No. 541 So. Johnson St.

Hospital

Registration District No. 84

File No. 51

Primary Registration District No. 2161

Registered No. 2467

FULL NAME OF CHILD Kellow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos Kellow	FULL MAIDEN NAME	Vina Ross
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Butte City, Mont.	BIRTHPLACE	Sevier, Utah.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 9-1 1919 O R Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-108-009-245

Form V. S. No. 11-C—Mm-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72205

County of Bannock

City of Pocatello

Registration District No. 84 File No. 51

No. ..... St.

Primary Registration District No. 2161 Registered No. 2468

Hospital Pocatello General

FULL NAME OF CHILD Edmund William Daniger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edmund Wm Daniger	FULL MAIDEN NAME	Helene Buehler
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Council Bluffs, Iowa	BIRTHPLACE	Needles, Cal.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 9-1 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-112-003-236

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72206

County of Bannock

City of Pocatello

Registration District No. 84 File No. 51

No. ..... St.

Primary Registration District No. 2161 Registered No. 2469

Hospital Pocatello Gen

FULL NAME OF CHILD Edward Newman Roberts Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Newman Roberts Jr.	FULL MAIDEN NAME	Florence Room
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ottawa, Ill	BIRTHPLACE	W. Burlington, Iowa
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed 9-1 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 15 1950

953-129-003-685

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72207

County of Bannock

City of Pocatello

Registration District No. 84 File No. 51

No. ..... St.

Primary Registration District No. 2161 Registered No. 2470

Hospital Pocatello Gen

FULL NAME OF CHILD John Siberg Retherford

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse E. Retherford	FULL MAIDEN NAME	Julia Wheaton
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Elizabethtown, Ind	BIRTHPLACE	Franklin Forks, Penn
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed 9-1 1919 Oct O'Brien Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/12/41 L. B.

292-20F003-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 4-5-37

County of Bannock

City of Pocatello

No. 404 no 9th St.

Registration District No. 24 File No. 72208

Primary Registration District No. 2161 Registered No. 2471

Hospital

FULL NAME OF CHILD Bistline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept. 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph B Bistline	Loraine P Harris
RESIDENCE	404 No-9th Ave.	404 No-9th Ave
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Ransom Kan.	Salt Lake City. U.
OCCUPATION	Fire Fighter	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.05 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Newton

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-1 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

383-131-001-854

[redacted]E OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72209

County of Ada

City of Boise

No. ~~8 E Washington~~

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 264

Hospital St Alphonsus

Full Name of Child Lyle

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 8 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George W. Lyle	FULL MAIDEN NAME	Blanche Hedges.
RESIDENCE	823 E. Washington	RESIDENCE	823 E Washington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Nev.
OCCUPATION	U.S. Reclamation Service	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or [redacted]), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettenger

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 9 8 1919 L. P. Pirman Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAT

County of---

251-130-001-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72210

County of Ada

City of Boise — Registration District No. 2 — File No.

No. ..... St. — Primary Registration District No. 1004 — Registered No. 265

Hospital St Lukes

FULL NAME OF CHILD Charles Owen Beaudin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 30 1919

FATHER	MOTHER
FULL NAME: Chas G Beaudin	FULL MAIDEN NAME: Addie E Owen
RESIDENCE: New Centerville, Idaho	RESIDENCE: New Centerville Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Rhineland, Wis	BIRTHPLACE: Bucklin Mo.
OCCUPATION: Timber Cruiser	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed 9/8 19 19 — L. B. Furman — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

285-127-001-285

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72211

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 266

Full Name of Child .....

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.			?	8/27 19..

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Hesler Sheppard
RESIDENCE	—	RESIDENCE	Emmett,
COLOR	— AGE AT LAST BIRTHDAY ..... (Years)	COLOR	Wt. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	—	BIRTHPLACE	Id.
OCCUPATION	—	OCCUPATION	unknown

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... alive ..... (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettington

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 9/8 19.... L P Pfirman

Registrar

K

234-224-001-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72212

County of Ada

City of Boise

No. 602 S. 16th St.

Hospital —

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 267

FULL NAME OF CHILD Bertha Delpha Sturgeon

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	One	Yes	7 — 24 — 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond N. Sturgeon	FULL MAIDEN NAME	Delpha A. Conner
RESIDENCE	602 S. 16th St.	RESIDENCE	602 S. 16th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 45 a. M. on the date above stated.
(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 9/12 1919 L. P. Groman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

036-116.001-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke's

Registration District No. 2 File No. 72213

Primary Registration District No. 1004 Registered No. 283

FULL NAME OF CHILD William Clinton Stone

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	One	Yes	8 — 16 — 1919

FATHER

FULL NAME Wm. E. Stone

RESIDENCE Richfield, Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Tenn.

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Myrtle I. Gilliland

RESIDENCE Richfield, Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Okla.

OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/7 1919 L. P. Quinn

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

619-10 8 1001-192

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72214

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 269

FULL NAME OF CHILD William Clinton Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 — 8 — 1919

FATHER

FULL NAME: William C. Ward

RESIDENCE: Portland, Ore.

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Furnaceman

MOTHER

FULL MAIDEN NAME: Elizabeth G. Arbuckle

RESIDENCE: Portland, Ore.

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or [illegible]) at 7 30 P. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 9/7 19 19

L. P. Pfeiffer
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 5 1959

AUG 6 1959

SEP 2 6 1966

155-129-001-238

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72215

County of Ada

City of Boise

No. 518 S 16 St.

Registration District No. _____ File No. _____

Primary Registration District No. 1004 Registered No. 270

Hospital _____

FULL NAME OF CHILD Alden Frank Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Aug 29 1919

FATHER		MOTHER	
FULL NAME	C. C. Jensen	FULL MAIDEN NAME	Anna Schwab
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Sta Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Holverson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Boise Ida.

Filed 9/11 1919 L. P. Herman Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D83-315

964-1R6-001-249

PLACE OF BIRTH

Form V. S. No. 11-G—2[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72216

County of Adam

City of Boise

No. 2612 Idaho St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 271

FULL NAME OF CHILD EDWARD ALLEN RODGERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	Sept 6 1919

FATHER		MOTHER	
FULL NAME	A. W. Rodgers.	FULL MAIDEN NAME	Clarabel Smith
RESIDENCE	2612 Idaho St.	RESIDENCE	2612 Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Ida
OCCUPATION	farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho.

Filed Sept 10 1919 L. P. Pfirman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 72216

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on September 6, 1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edward Allen Rodgers

Subscribed and sworn to before me this 2nd
day of February, 19 42
Margaret Inmate
Notary Public, residing at Emmett, Idaho
My commission expires October 13, 1944
(SEAL)

Signed ✓ Maribel Rodgers.
Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route # 1, Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of February, 19 42
Margaret Inmate
Notary Public residing at Emmett, Idaho
My commission expires October 13, 1944
(SEAL)

Signed Edward W Rodgers
Father
(SIGNATURE OF ANY PERSON OTHER THAN PREVIOUS AFFIANT.)
Route # 1, Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By
(REGISTRAR'S SIGNATURE)

APR 22 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 315-113-001-955 St.

Hospital St Alphonsus

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72217

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 272

Full Name of Child — FRANCIS ROBERT Cannon

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 9 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Edward Cannon	FULL MAIDEN NAME	Ora Reed
RESIDENCE	Mt. Home Idaho	RESIDENCE	Mt. Home Idaho
COLOR	Wt.	COLOR	Wt.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingell

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 9/18 1919 L. A. Kinnaman Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 72217

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 13, 1919 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Francis Robert -
		Cannon

Subscribed and sworn to before me this 20th
day of February 1942
Wesley M. Grey
Notary Public, residing at Burley, Idaho
My commission expires October 26, 1943
(SEAL)

Signed Oscar Edward Cannon
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Mountain Home, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

793.112.001-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72218

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No. 273

Hospital St Alph

FULL NAME OF CHILD Richard Clare Gillilan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	~~Louise~~ Lewis Clare Gillilan	FULL MAIDEN NAME	Marie Hazel Johnston
RESIDENCE	Mountain Home Idaho	RESIDENCE	Mountain Home Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Dubuque Iowa
OCCUPATION	Auto Repair Man	OCCUPATION	S.H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus

(Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed 9/27 1919 L P Thoman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941 Z.J.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-126-001-433

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. .....

Primary Registration District No. 1004

File No. 72219

Registered No. 274

Full Name of Child Albert Ross Faris

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M.				9 (Month) 26 (Day) 18 (Year)

FATHER		MOTHER	
FULL NAME	Albert F. Faris.	FULL MAIDEN NAME	Nina C. McCain.
RESIDENCE	1306-N-9	RESIDENCE	1306-N-9.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Iowa.
OCCUPATION	Accountant	OCCUPATION	House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive [redacted]), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/24 1919 L. P. Pfoman

Registrar

8.

M

MAIDEN NAME

RESIDENCE

AGE AT LAST BIRTHDAY

(YEARS)

AGE AT LAST BIRTHDAY

RESIDENCE

BIRTHPLACE

SEP 25

249-218-001-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72220

County of Ada

City of

No. St.

Hospital St Alphonsus

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 275

FULL NAME OF CHILD Vera Eleanor Burns

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	yes	Sept. 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James R. Burns	FULL MAIDEN NAME	Vera Hollenbeck
RESIDENCE	1108 - No 15th St. Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Springhill, Kansas
OCCUPATION	Traveling Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or [redacted]) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 9/26 1919 L. A. Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 194

433125-001-437

BLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. .....

File No. 72221

Primary Registration District No. .....

Registered No. 276

FULL NAME OF CHILD ROBERT WILBUR McCall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James D. McCall	FULL MAIDEN NAME	Innis McGee
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Portland Or.
OCCUPATION	Assessor Boise Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 25th 1919, at 5:30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers M.D.

Boise Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address .....

Filed 9/26 1919 L P Forman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 7221
Date Filed FEB 5 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Infant
for Unnamed McCall (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-25-1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Older Consecutive (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
None	Omitted	Robert William McCall

Subscribed and sworn to before me this 5th day of February, 1942

Glen M. Davis
Notary Public, residing at Boise, Idaho
My commission expires July 14, 1944
(SEAL)

Signed Philip E Tate (Parent)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
1412 N 13th St Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 6 1942

SEP 1 1942

994/12-001-415
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72222

County of Ada

City of .....

Registration District No. 2

File No. .....

No. ..... St.

Primary Registration District No. 1104

Registered No. 277

Hospital St. Alphonsus

FULL NAME OF CHILD Victor Joseph Ridgeway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	Sept 12 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Ridgeway	FULL MAIDEN NAME	Reda Davis
RESIDENCE	Shamiko Oregon	RESIDENCE	Shamiko, Oregon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Leavenworth, Oregon	BIRTHPLACE	Penn.
OCCUPATION	Sheepman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. B. McCalla M.D.

..... (Physician or midwife)

Address Boise Idaho

Filed 9/24 19 19 L. B. Sherman Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-1041001-574

PLACE OF BIRTH Amended 1/23/79

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72223

County of Ada

City of

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 278

Hospital St Alphonsus

FULL NAME OF CHILD Joseph Claud Murgoitio

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sep. (Month) 4 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Murgoitio	FULL MAIDEN NAME	Alexandra Eguia
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 9/24 1919 L P Fireman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1959

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 23 3 52 PM '79

Certificate No. 72223

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Fausto Murgoitio (Name on Original Certificate) who was born (Was Born or Died) on Sept 4, 1919 (Date of Event)
in Boise, Idaho (Ada) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Joseph Fausto Murgoitio	Joseph Claud Murgoitio
date of birth	September 4, 1919 OK	September ~~24~~, 1919

Subscribed and sworn to before me this 22nd day of January, 19 79

J. R. Christensen
Notary Public, residing at Boise, Idaho
My commission expires Lifetime
(Seal)

Signed Joseph Claud Murgoitio
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
5985 So. Locust Grove, Meridian ID
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 19 79

J. R. Christensen
Notary Public, residing at 963 Holly - Boise
My commission expires Lifetime
(Seal)

Signed Charles Blanton
(Signature of Any Credible Person)
901 Idaho, Boise, ID
(Street Address, City, State)

FORM DH 60-155

CL 11/20/78 nm

Public school record from Idaho gives name as Joseph Claude Murgoitio dist. No. 23. dated May 18. 1934. viewed by V. S.

JAN 23 1979

Notice of classification. Selective service record gives name as Joseph Claud Murgoitio. Order No. 2076 classified I-C dated 12-14-44. viewed by V. S.

Marriage licesne from Idaho gives name as Joseph claud Murgoitio and the bride's name as Ruth Marie Paxton. dated Jan 3, 1947. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-217-001-297

PLACE OF BIRTH

Name added 7/30/81

County of Ada

City of Boise

No. 1505 N 10 St.

Hospital

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72224

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 279

FULL NAME OF CHILD Marguerite Caroline Alexander

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Sept 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm W. Alexander	FULL MAIDEN NAME	Carrie E. Bippes
RESIDENCE	1505 N 10th St.	RESIDENCE	1505 N 10th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.30 P. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 9/22 1919 L R Fumon

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 30 10 10 AM '81

State of Idaho
County of Ada } ss.

Certificate No. 72224
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Alexander (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 17, 1919 (Date of Event)

in Boise, ID Ada (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Marguerite Caroline Alexander

Subscribed and sworn to before me this 30th day of July, 1981.

Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3rd, 1985
(Seal)

Marguerite C. Dalton
Signature of Applicant

9151 Natick Rd. Boise, Idaho 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

7/30/81

JUL 30 1981

Social Security card gives name as Marguerite C. Dalton of Boise. Card obviously old. - #519-07-6803 Viewed by V.S.

Birth Certificate of son Donald Douglas Dalton born April 22, 1950 in Boise gives mother as Marguerite Caroline Alexander, age 29, birthplace - Boise. S.F.50-3758 Viewed by V.S.

417113.001-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—Rim-8-5-17

CERTIFICATE OF BIRTH

72225

County of Ada

City of Boise

No. 2214 N 14 — St.

Hospital

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 230

FULL NAME OF CHILD Harold Pershing Mansfield

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Sept 13 1917

FATHER	MOTHER
FULL NAME: Lincoln le Mansfield.	FULL MAIDEN NAME: Mary E. Harrison.
RESIDENCE: 2214 N 14 —	RESIDENCE: 2214 N 14 —
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 25 — (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Mo —
OCCUPATION: Farmer.	OCCUPATION: House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. John Beck

(Physician or midwife)

Address Boise Idaho

Filed 9/22 1917

L. O. Freeman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1971

433-124-001-664

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72226

County of Ada

City of Boise

No. _____ St.

Hospital _____

Registration District No. 2

Primary Registration District No. 1004

File No. _____

Registered No. 281

Full Name of Child Stephen Utter Jr.

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 8 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Stephen Utter	FULL MAIDEN NAME	Amy Fouch
RESIDENCE	1100 E. Jeff St	RESIDENCE	1100 E. Jeff St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	31 ~~54~~ (Years)
BIRTHPLACE	New York	BIRTHPLACE	Parma
OCCUPATION	Clerk in District Court	OCCUPATION	House wife

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 9 35 A M, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 9/22 1919 L. R. [illegible]

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1942

NOV 19 1968

FEB 9 1945

FEB 11 1945

344115-001-994

PLACE OF BIRTH

Form V. S. No. 12-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72227

County of Ada

City of

No. St.

Hospital St. Alph

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 282

FULL NAME OF CHILD Baby Cummins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John L Cummins	FULL MAIDEN NAME	Amanda Zimmerman
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. at 7:30 p. M. on the date above stated.
(Born alive ~~or stillborn~~) 1 hour after birth

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H Tallman
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 9/22 1919 L P Freeman
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469.220.001-954

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72228

County of Ada

City of Boise

No. 1944 N 17 St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 287

FULL NAME OF CHILD Georgina Fay Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes.	Sept 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. L. Morris	FULL MAIDEN NAME	Wilma B. Remington
RESIDENCE	1944 N 17th St.	RESIDENCE	1944 N 17th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 9/29 1919

L. O. Herman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1944

366-114-001-343

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72229

County of [illegible]

City of [illegible]

No. _____ St.

Hospital St. Lukes,

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Full Name of Child THOMAS TUCKER COFFIN

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 9 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Craig Coffin	FULL MAIDEN NAME	Lela Tucker
RESIDENCE	Harrison Blvd	RESIDENCE	Harrison Blvd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Banker	OCCUPATION	House wife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 29 M, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith M. N.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed 9/30 1919 L. P. Forman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. FEB 9 R.
County of Los Angeles }

Certificate No. 72229

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Thomas Tucker Coffin

Subscribed and sworn to before me this 29th day of January, 1942

Notary Public, residing at Los Angeles Calif.

My commission expires 7-13-1942

(SEAL)

Signed Lela T. Coffin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1942

Notary Public, residing at Los Angeles Calif.

My commission expires Feb 3. 1942

(SEAL)

Signed Walter E. Miller
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

849-So. Alford ave
(STREET ADDRESS, CITY, STATE)
Los Angeles, California

Received for filing on FEB 9 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 4 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... Certificate No. 72229

County of ..... ss. Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED (NAME, MAIDEN, CAUSE OF DEATH, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)

Subscribed and sworn to before me this ..... day of ..... 19 ..... Signed .....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD, OR ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON)

Notary Public, residing at ..... (STREET ADDRESS, CITY, STATE)

My commission expires .....

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... ss.

County of ..... [THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 121, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are correct to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 ..... Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at ..... (STREET ADDRESS, CITY, STATE)

My commission expires .....

(SEAL)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 399-121-001-366

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72230

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 285

Full Name of Child Wesley Francis ~~Christ~~ Crist

SEX OF CHILD M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 9 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George C (Christ) Crist	FULL MAIDEN NAME	Fanny Lofton
RESIDENCE	114 N 17	RESIDENCE	114 N 17
COLOR	N. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ore
OCCUPATION	R. R. Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingell

Overland Bldg (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 9/30 1919 L. O. Jenner

Registrar

Certified Copy issued Feb. 24, 1941. E.W.

113118 1001-454

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 72232

Registered No. 287

FULL NAME OF CHILD Robert Lee Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank H. Jackson	FULL MAIDEN NAME	Florence E. De Medizy
RESIDENCE	1509 Grove St.	RESIDENCE	1509 Grove St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Delaware	BIRTHPLACE	Ill.
OCCUPATION	Fireman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed 9/29 1919

L. P. Fireman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-207:004-266

PLACE OF BIRTH (8)

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72233

County of Ada

City of Boise

Registration District No. 8

File No.

No. Collister School Dist

Primary Registration District No. 2004

Registered No. 57

Hospital

FULL NAME OF CHILD Kathryn Grace McShane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Sept 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. B. McShane	FULL MAIDEN NAME	Grace Swope
RESIDENCE	Collister School District	RESIDENCE	Collister School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed Sept 10 1919 L. O. [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72233
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Kathryn Grace McShane

Subscribed and sworn to before me this 2 day of Dec, 1941

W. B. Joy

Notary Public, residing at Boise

My commission expires 7/14/45

[SEAL]

Signed Hattie Grace McShane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

..... (Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8552 16 001-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72235

County of Ada

City of Boise

No. Near Garfield School

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 59

FULL NAME OF CHILD Mildred Pauline Henderlider

Sex of Child F

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Henderlider	FULL MAIDEN NAME	Gerda Hansen
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Sweden
OCCUPATION	clerk	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Bock

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 9/22 1919

L. A. Jerman

Registrar

11

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72235

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Mildred Pauline Henderlider

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed ..... (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

315 N 8 E Boise Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

OCT 2 1956

291-119-001-249

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72236

County of Ada

City of Boise South

No. RR #5 St.

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 60

Hospital

Full Name of Child Donald Arthur Brandel

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Male				yes	Sept. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur H Brandel	FULL MAIDEN NAME	Alison Burnett
RESIDENCE	South Boise R.R. #5	RESIDENCE	South Boise RR #5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Merrill Wisconsin	BIRTHPLACE	Delamar Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or [redacted]), at 330 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician or [redacted])

Address 417 Overland Bldg Boise Idaho

Filed 9/22 1919 L P Freeman

Registrar

Given names added from a supplemental report

..... 19....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/27/41. W.L.

235-205-001-689

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R 4 St.

Hospital

Registration District No. 8

File No. 72237

Primary Registration District No. 2004

Registered No. 61

FULL NAME OF CHILD Phyllis Virginia Stevens

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				8 5 1919

FATHER		MOTHER	
FULL NAME	Byron Stevens	FULL MAIDEN NAME	Pearl White
RESIDENCE	Boise	RESIDENCE	
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth None a.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Greenway

Physician
(Physician or midwife)

Given names added from a supplemental report

Address Boise Idaho

Filed 9/29 1919 L P Pfirman
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

635-117-008-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

City ~~County~~ of Boise

Co. ~~City~~ of Ada

No. ..... St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72239

Registration District No. 8 File No. .....

Primary Registration District No. 2004 Registered No. 63

FULL NAME OF CHILD Cecil Richard Fletcher

Sex of Child M	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 9 (Month) 17 191 9

FATHER		MOTHER	
FULL NAME	Ernest Ernest A. Fletcher	FULL MAIDEN NAME	Minnie M[redacted]
RESIDENCE	Bruce Ave - Ivywild Boise	RESIDENCE	Boise
COLOR	W AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W, AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Ho

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) M Allen Callaway

Physician (Physician or midwife)

Address Boise Idaho

Filed 9/29 1919 L P Fiorman Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

SEP 9 1942

[redacted]

Z - FLETCHER

dup 001919-146821

315/22-001-688

PLACE OF BIRTH

Form V. S. No. 11-C—~~2km-9~~-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Barber

No. ..... St.

~~Hospital~~ Barber

Registration District No. 8

File No. 72240

Primary Registration District No. 2004

Registered No. 53

FULL NAME OF CHILD Stephen Theodore Canning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M-		yes	Sept 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	P. W. Canning	FULL MAIDEN NAME	Agnes S. ~~Whitlock~~ Whytlock
RESIDENCE	Barber Idaho	RESIDENCE	Barber Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Millman	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.30 P.M. on the date above stated.
(Born alive ~~[illegible]~~n)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Registrar

Filed 9/29 1919 L. P. Norman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1942

PLACE OF BIRTH
869-231-901-437
County of Ada
City of Boise
No. ____ St.
Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

72241

Registration District No. 2
Primary Registration District No. 1004
File No.
Registered No. 263

Full Name of Child Hoig

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			?	8 31 19

FATHER		MOTHER	
FULL NAME	Hoig	FULL MAIDEN NAME	Ada McGinnis
RESIDENCE	—	RESIDENCE	419 So 11th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	—	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19....

Registrar

Filed 9/6 19 19 [illegible]
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2Mm-9-8-17

PLACE 291-282-028-236

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of 3 mi. N. New Plymouth

Registration District No. 5

File No. 72242

No. ..... St.

Primary Registration District No. 2009

Registered No. 28

Hospital .....

FULL NAME OF CHILD Virginia Kathleen Brannock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. W. Brannock	FULL MAIDEN NAME	Della Stoneman
RESIDENCE	3 mi N. New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

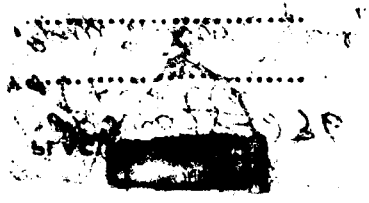
..... 19.....

Address New Plymouth Ida

Filed Sept 1919 Wm. T. Drysdale

Registrar

Registrar



MAY 1 8 1943

363-110-058-469

PLACE OF BIRTH

AMENDED - DECEMBER 1, 1949

County of Payette

City of New Plymouth

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 72243

Primary Registration District No. 2009 Registered No. 29

FULL NAME OF CHILD Francis Ivan Cole
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	September 10, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: L. E. Cole	FULL MAIDEN NAME: Grace Morris
RESIDENCE: New Plymouth, Idaho	RESIDENCE: New Plymouth, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Drysdale, M.D.
(Physician or midwife)

Address New Plymouth, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Sept 1919 Wm. Drysdale Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Valley

Certificate No. 72243

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elmer Cole (Name on Original Certificate) who was born (Was Born or Died) on Sept 10, 1919. (Date of Event)
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are ~~shown by~~ generally known and always has gone by name as asked ~~as~~ (Bible Record, Insurance Policy, Etc.) ~~prepared on~~ (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Elmer	Francis Ivan

Subscribed and sworn to before me this 5th day of December, 1949 19

Notary Public, residing at Cascade, Idaho
My commission expires Nov 24, 1943
(Seal)

Signed Grace Cole Lutes
(Signature of parent or attendant ~~mother~~ correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Valley

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of December, 1949

Notary Public residing at Cascade, Idaho
My commission expires Nov 24, 1953
(Seal)

Signed Uncle of Francis Ivan Cole.
(Signature of Any Credible Person)

Cascade Idaho
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72243

County of Payette

City of New Plymouth R F D

Registration District No. 5 File No.

No. St.

Primary Registration District No. 2009 Registered No. 29

Hospital

FULL NAME OF CHILD Elmer Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 10 1919

FATHER		MOTHER	
FULL NAME	L. E. Cole	FULL MAIDEN NAME	Grace Morris
RESIDENCE	~~Neb~~ New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebr.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

19

Filed 19 Wm T Drysdale

Registrar Registrar

766.221.038-994

PLACE OF BIRTH

County of Payette

City of near New Ply.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 72244

Primary Registration District No. 2009 Registered No. 30

FULL NAME OF CHILD Agnes Good

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 21 191 9

FATHER	MOTHER
FULL NAME Martin Good	FULL MAIDEN NAME Pauline Zimmerman
RESIDENCE near New Plymouth	RESIDENCE with husband
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 54 (Years)	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/28 19 19 Wm J. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319/17-078-465

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72245

County of Payette

City of Near New Plymouth — Registration District No. 5 — File No.

No. ..... St. — Primary Registration District No. 2009 — Registered No. 31

Hospital .....

FULL NAME OF CHILD Robert Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 27 1917

FATHER

FULL NAME Robert C. Carpenter

RESIDENCE Paddock Valley Ida

COLOR W — AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lenore Monroe

RESIDENCE with husband

COLOR W — AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.40 a M. on the date above stated.

(Signature) Wm J. Dryedale MD

(Physician or midwife)

Address New Plymouth Ida

Filed Sept 19 19 — Wm J. Dryedale Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MAY 2 8 1965

449-128-038-345

PLACE OF BIRTH

County of Payette

City of Mis. Falk

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72246

Registration District No. 5

File No. _____

Primary Registration District No. 2009

Registered No. 32

Full Name of Child Lafe Albert Murray

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Sept 28 (Month) (Day) 19 (Y

FATHER		MOTHER	
FULL NAME	Jas Arthur Murray	FULL MAIDEN NAME	Elvira Lundt
RESIDENCE	New Plymouth R F D	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19 ____

Address New Plymouth Ida

Filed Oct 19 19 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-230-038-955

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of near New Plymouth

No. _____ St.

Registration District No. 5

File No. 72247

Primary Registration District No. 2009

Registered No. 33

Hospital _____

Full Name of Child Helen Louise Chadwick

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Sept 30 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Ward Chadwick	FULL MAIDEN NAME	Elizabeth Reese
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebr.	BIRTHPLACE	Ohio
OCCUPATION	Hardware clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address New Plymouth Ida

Filed Oct. 1 19 19 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/12/41. w.h.

753/22-021433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72248

County of Franklin

City of Preston — Registration District No. 27 — File No.

No. 4 N. Ward St. — Primary Registration District No. 219 — Registered No. 218

Hospital

FULL NAME OF CHILD Colwell Allen Peterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Leo Peterson	FULL MAIDEN NAME	Ruby Jane Allen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	COLOR	W
OCCUPATION	Livery Stable Manager	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Oct. 1 19 19 D. A. Cullen
Registrar

MAY 1 9 1943

493-H6-021-764

PLACE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72249

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 215

FULL NAME OF CHILD Reece Niels Mickelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Sept 16 1919

FATHER		MOTHER	
FULL NAME	John Grover Mickelson	FULL MAIDEN NAME	Lucy Godfrey
RESIDENCE	Dayton, Idaho	RESIDENCE	Dayton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1255 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

..... 19....

Filed 10/1 1919 D. A. Cutler

..... Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay BEFORE delivery: IN THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Dayton
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Dayton Idaho

4. FULL NAME OF CHILD Reece Niels Mickelson

5. Date of Birth of Child (Month, day, year) Sept 16 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Grover Mickelson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Dayton (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Godfrey
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by John C. Mickelson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 54 years of age, that I have known this person for 23 years, and that Carlos [illegible] (First name) [illegible] (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Grover Mickelson Signature

..... P. O. Address

Subscribed and sworn to before me this 29 day of January 1942

(SEAL) ..... Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by [illegible] G. W. Slater Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-215 021-469

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th ward St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72250

Registration District No. 27

File No. 4

Primary Registration District No. 2119

Registered No. 2 V 4

FULL NAME OF CHILD Rose Elwell Burchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept 15 1919

FATHER		MOTHER	
FULL NAME	Harry David Burchell	FULL MAIDEN NAME	Edna Ellen Morgan
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed 10/1 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 10 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 72250

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Burchell (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rose / Burchell
		Elwell

Subscribed and sworn to before me this 27th day of December, 1965

Notary Public residing at Ogden Utah

My commission expires April 7, 1969

(Seal)

Signed Harry D Burchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2538 Orchard Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 1965

Notary Public residing at Ogden Utah

My commission expires April 7, 1969

(Seal)

Signed James R Faulger
(Signature of Any Credible Person)

1308 Mitchell Dr.
(Street Address, City, State)
Ogden, Utah

FORM DH 60-155

CL 12-13-65. nm one copy pd. rec. #5169.

Marriage Certificate, State ~~of~~ of Utah, County of Salt Lake, married Aug. 14, 1940 at Salt Lake City, Uth gives full name of groom as Joseph Smith Thompson, and full name of bride as Rose Elwell Burchell - viwed by V.S. JAN 2 6 1966

~~Notification of Birth Registration, State of Utah, gives full name of child as David Randolph The~~

State of Utah, Certificate of Birth, cert. copy issued Aug. 29, 1961 gives full name of child as Kathryn Rose Thompson, born April 22, 1943 at Ogden, Utah, Dee Hospital, gives full name of father as Joseph Smith Thompson and full maiden name of mother as Rose Elwell Burchell - viewed by V.S.

243114-021-967

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72251

Registration District No. 27 File No. 213

Primary Registration District No. 2119 Registered No. 217

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 14 1919

FATHER		MOTHER	
FULL NAME	George Bell Buckley	FULL MAIDEN NAME	Luram Roper
RESIDENCE	Treasureton Idaho	RESIDENCE	Treasureton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed 10/1/19 Dr A R Cullen

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412.113.021-155

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Coulam

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72252

Registration District No. 27

File No. 212

Primary Registration District No. 2119

Registered No. 218

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 13 1919

FATHER		MOTHER	
FULL NAME	Edgar Mason	FULL MAIDEN NAME	Alma Jensen
RESIDENCE	Coulam Idaho	RESIDENCE	Coulam Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	England	BIRTHPLACE	New Zealand
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 10 11 1919 D. R. Cullen

Registrar

Registrar

312-109-021-414

PLACE OF BIRTH

County of Franklin

City of Banida

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72253

Registration District No. 27 File No. 211

Primary Registration District No. 2119 Registered No. 219

FULL NAME OF CHILD Quentin R. Casperson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John William Casperson	FULL MAIDEN NAME	Edna Maughan
RESIDENCE	Banida, Idaho	RESIDENCE	Banida, Idaho
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blank

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

..... Registrar

Filed 10/1 1919 Dr. R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1945

JAN 31 1974

964-20-021-815

PLACE OF BIRTH

County of Franklin

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 14-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72254

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 210

FULL NAME OF CHILD GWEN ROGERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Sept. 2 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	George Spencer Rogers	FULL MAIDEN NAME	Anna Matilda Hansen
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Filed Oct 1 1917

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 72254

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Gwen Rogers

Subscribed and sworn to before me this 8th. day of January, 19 43

Notary Public, residing at Preston, Ida.

My commission expires May 1st 1945
(SEAL)

Signed Hannah Rogers mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Preston Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January, 19 43

Notary Public, residing at Preston, Ida.

My commission expires May 1, 1945
(SEAL)

Signed Mrs. Emma Setterlong
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 12 1943

155-101-021-335

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72255

Registration District No. 27 File No. 209

Primary Registration District No. 2119 Registered No. ~~221~~

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Jensen	FULL MAIDEN NAME	Dora Lucy Clements
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed 1/6/1919 Dr. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-223-021-319

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72256

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. ~~213~~ 217

FULL NAME OF CHILD DOROTHY STOKES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept 23 1919

FATHER		MOTHER	
FULL NAME	Andrew Gilbert Stokes	FULL MAIDEN NAME	Kate Irene Carter
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed 10/1 1919 Dr. A. R. Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

OCT 19 19[illegible]

State of Washington } ss.
County of King

Certificate No. 72256

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Stokes (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23-1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts ~~are shown by~~ from the personal knowledge of the affiant as her father (Bible Record, Insurance Policy, Etc.) ~~prepared on~~ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dorothy Stokes

Subscribed and sworn to before me this 17th day of October, 1942

F. D. Phillips
Notary Public, residing at Seattle.
My commission expires Sept 26-1945.
(Seal)

Signed Andrew G. Stokes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1706 Burns St Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

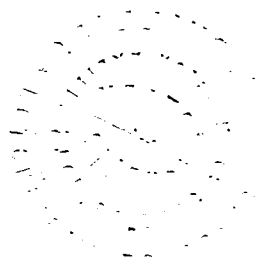
The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

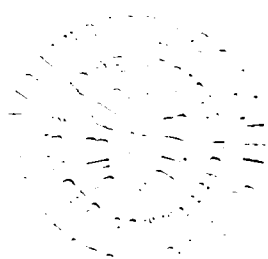
Subscribed and sworn to before me this 17th day of October, 1942

F. D. Phillips
Notary Public, residing at Seattle.
My commission expires Sept 26 1945
(Seal)

Signed Kate Irene Stokes
(Signature of Any Credible Person Other Than Previous Year)
Mother of Dorothy Stokes
1706 Burns St, Seattle, Wash.
(Street Address, City, State)

OCT 21 1942





219-224-021-799

[redacted]

Form V. [illegible] 8-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72257

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 28

FULL NAME OF CHILD JOSEPHINE BARNES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Herbert Barnes	FULL MAIDEN NAME	Anna Griffiths
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Lobner	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

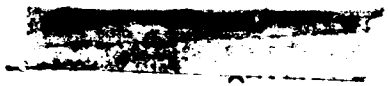
Address Preston Idaho

19

Registrar

Filed 10/1 1919 [illegible]

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

MAR -8 1943

Certificate No. 72257

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for _____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 9-24-1919 (DATE OF EVENT) in Preston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Josephine Parnes

Subscribed and sworn to before me this 5th day of March, 19 43

Notary Public, residing at Salt Lake

My commission expires 1-30-1944

(SEAL)

Signed Annie Garfield Barnes Lance Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

445 E. 3rd So., Salt Lake City, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public, residing at _____

My commission expires _____

(SEAL)

Signed _____

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

_____

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

MAR 19 1974

MAR 25 19

MAR 3 1943

597125-021-666

name added 2/21/81

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72258

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 219

FULL NAME OF CHILD Floyd George Nixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 25 1919

FATHER		MOTHER	
FULL NAME	Clarence George Nixon	FULL MAIDEN NAME	Lora Wooton
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed 1/6/1 1919 Dr. A. R. Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
OCT 10 1980
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Certificate No. 72258
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Nixon (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 25, 1919 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Floyd George Nixon

Subscribed and sworn to before me this 29 day of Sept., 1980

Notary Public, Geraldine P. Taylor

Residing at West Valley City, Utah

My commission expires Dec. 1980

(Seal)

Lora W. Nixon (mother)
Signature of Applicant

5890 West 3500 So. West Valley City, Utah 84120
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Birth from the LDS Church gives name as Floyd George Nixon born Sept 25, 1919 at Preston, Idaho. Father's name as Clarence George Nixon and mother's maiden name as Lora Wootten. entered on record Dec 7, 1919. viwed by V. S.

FEB 23 1981

Commission from The Secretary of War Dept of Air Forces Western Flying Training Command. gives name as Second Lieutenant Floyd George Nixon # A-0-769529, dated March 12, 1944 viewed by V. S.

689-257-021-689

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

~~Form V. S. No. 11-C-25m-9-8-17~~

72259

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 220

FULL NAME OF CHILD EMMA JOANNA WHITEHEAD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	John William Whitehead	FULL MAIDEN NAME	Pearl Whitehead
RESIDENCE	Dehlin Idaho	RESIDENCE	Dehlin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston, Idaho

Filed Oct 7 1919 Dr A R Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 72259

County of Franklin, Ida } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)

for Emma Joanna Whitehead (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on SEPT. 27, 1919 (DATE OF EVENT)

in PRESTON, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Emma Joanna Whitehead

Subscribed and sworn to before me this 15th day of January, 19 43

Notary Public, residing at Preston, Idaho

My commission expires 12-17-44

(SEAL)

Signed Pearl D Whitehead, Mother
John Wm Whitehead, Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Preston, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 4 1948

239.128.021-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72260

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 221

FULL NAME OF CHILD Myrl William Klippert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept 28 1919

FATHER		MOTHER	
FULL NAME	William Frederick Klippert	FULL MAIDEN NAME	Lucy Dabb
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

19

Filed 10/1 1919 D. A. R. Cutler

Registrar

Registrar

912-202-021-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **72261**

County of Franklin

City of Mink Creek

No. ..... *St.*

Hospital .....

Registration District No. 37 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 222

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan Rasmussen	FULL MAIDEN NAME	Martha Elmina Wild
RESIDENCE	Mink Creek Ida	RESIDENCE	Mink Creek Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mink Creek Ida.	BIRTHPLACE	Mink Creek Ida.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed 10/1 1919 [signature]

..... Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-216-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27

File No. 72262

Primary Registration District No. 2119

Registered No. 206

FULL NAME OF CHILD Minnie Lavenna Peters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	Yes	9/16/1919

FATHER		MOTHER	
FULL NAME	Ray Peters	FULL MAIDEN NAME	Eva Larson
RESIDENCE	Clifton Id aho	RESIDENCE	Clifton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Clifton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dowston, Idsho

Filed 10/ 19 19

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1943

319-112-021-913

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72263

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 205

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	Yes	Sept 12 1919

FATHER	MOTHER
FULL NAME: Newel Carter	FULL MAIDEN NAME: Grace Ralleson
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Preston, Idaho.	BIRTHPLACE: Whitney, Idaho,
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:55 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho.

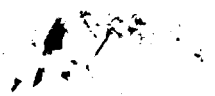
Filed 15/1 1919 D A Rowe

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363106-021-249

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 72264

Primary Registration District No. 2119 Registered No. 204

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	Yes	9/6/19

FATHER	MOTHER
FULL NAME: Abraham Cottle	FULL MAIDEN NAME: Priscilla Smith
RESIDENCE: Fairview	RESIDENCE: Fairview Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Bristal England	BIRTHPLACE: Fairview Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9/35 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 10/1 19 19 D A Cullen

Registrar

Registrar

24-107-021-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

72265

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 213

FULL NAME OF CHILD Willis Davis Smith

Sex of Child Boy

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 3 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME William Robert Smith	FULL MAIDEN NAME Sarah Elizabeth Davis
RESIDENCE Preston	RESIDENCE Preston
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Grayseud England	BIRTHPLACE Franklin Idaho
OCCUPATION Grocerer	OCCUPATION Homekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]), at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Address Preston Franklin Co. Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/1 1919

Registrar

JUL 6 1943

266-125-021-792

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72266

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 208

FULL NAME OF CHILD William Way Bowcup

Sex of Child Boy | ~~Twin Triplet or other?~~ and Number in order of birth 3rd | Legitimate? Yes | Date of Birth Sep 15th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Abraham Bowcup	FULL MAIDEN NAME	Pearl Gibson
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farming	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive September 25 at 8-30/7 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Adamson

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richmond Utah

Filed Oct 1 1919 D A Reeves
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.P. No. 1-O-25m-9-8-17

PLACE OF BIRTH

343-203-021-229

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72268

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 225

FULL NAME OF CHILD Ruth Cutler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	9/3 1919

	FATHER		MOTHER
FULL NAME	Allen R. Cutler	FULL MAIDEN NAME	Malinda R. Skidmore
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	M.D. & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

Ruth Cutler 1920

W. C. Murphy Registrar

Address Preston Idaho

Filed 10/1 1919

Dr. A. R. Cutler Registrar

N. B. In case of more than one ... and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Preston

Street and House No. —

County Franklin

Registered No. 225

Registration Dist. No. 27

Sex of Child Female

Date of Birth Sept. 3 1919

(MONTH) (DAY) (YEAR)

Father Allen Riley Cutler

(FULL NAME)

Mother Zalinda Skidmore

(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named Ruth Cutler

(GIVEN NAME IN FULL) (SURNAME)

as reported by A R Cutler

(FATHER OR MOTHER)

Dora Cutler

(LOCAL REGISTRAR)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 72268

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth Cutler (Name on Original Certificate) who was born (Was Born or Died) on September 3, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on January 30, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Ruth Cutler

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed Mrs Malinda R. Cutler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

26 N. 1st East Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of Feb, 19 42

Notary Public, residing at Preston Ida
My commission expires 9-18-1945
(Seal)

Signed O. R. Cutler
(Signature of Any Credible Person Other Than Previous Year)

Preston Idaho
(Street Address, City, State)

FEB 19 1942
FEB 28 1984

1021-363

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 72269

No. ..... St.

Primary Registration District No. 2119

Registered No. 227

Hospital .....

FULL NAME OF CHILD Donna Corbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	twin	I	yes	Sept. 6 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Corbridge	Augusta M. Collins
RESIDENCE	Preston	Preston
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Winder da.	England
OCCUPATION	farmer	hpusewife

Number of child of this mother, including present birth ...2... Number of children of this mother now living, including present birth ...2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 7.45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Curtis

Physician (Physician or midwife)

Preston

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/1 1918 Dr. R. Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1989

OCT 14 1989

OCT 0 2 1989

133-207-021-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72270

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 236

FULL NAME OF CHILD Thelma Gladys Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	9/7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E. Aleen	FULL MAIDEN NAME	Sylvia ~~Annie~~ S. Peterson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Mink Creek Ifa.
OCCUPATION	~~Farmer~~ Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:20 M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. R. Cullen

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston

Filed 10/1 1919 Dr. A. R. Cullen Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 72270

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Thelma Gladys Allen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 7, 1919 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed Aleen	Thelma Gladys Allen
Mother's Name	Annie S. Peterson	Sylvia Peterson

Subscribed and sworn to before me this 22nd day of May, 1947

Myrna L. Brewer
Notary Public, residing at Boise

My commission expires April 3, 1948
(Seal)

Signed Mrs L. D. Chamberlain
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1310 Main, Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22d day of May, 1947

Myrna L. Brewer
Notary Public, residing at Boise

My commission expires April 3, 1948
(Seal)

Signed Sylvia Peterson Allen
(Signature of Any Credible Person Other Than Previous Year)

112 N 17th, Boise
(Street Address, City, State)

MAY 23 1942

369-208-021-363

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **72271**

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 228

FULL NAME OF CHILD Deana Corbridge

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	twin	2	yes	9/8 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	JohnC.Corbridge	FULL MAIDEN NAME	Augusta M.Collins
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Winder ida.	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston

Filed 15/1 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/22/ 41 L. B.

666-210-021-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. M-C—Sep-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72272

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 229

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9/10 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Franklin B. Wooley	FULL MAIDEN NAME: Harriet Blair
RESIDENCE: Preston	RESIDENCE: p Preston
COLOR: white — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Upper Kanab Utah	BIRTHPLACE: Logan Utah
OCCUPATION: Druggist	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 AM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

..... Registrar

Filed 12/1 1919 D R Cutler Registrar

155-110-021-512

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72273

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 230

FULL NAME OF CHILD Clyde Estom Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9/10 9

FATHER		MOTHER	
FULL NAME	James B. Jenson	FULL MAIDEN NAME	Jane Easton
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Goshen Utah	BIRTHPLACE	Scotland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed 10/1 1919 D. R. Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 18, 1940. E.W.

APR 13 1942

555-113-021-693

PLACE OF BIRTH

Amended 9/29/75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2119

File No. 72274

Registered No. 231

FULL NAME OF CHILD Paul Elmer Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9/13 191

FATHER		MOTHER	
FULL NAME	Elmer Neeley	FULL MAIDEN NAME	Lavern Orchard
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Lewiston Utah
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 10 A on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Ida.

Filed 10/1 1919

Dr A R Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 2 3 1974

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 29 9 47 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72274

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Neely (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 13, 1919 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Paul Elmer Neeley
father's last name	Neely	Neeley

Subscribed and sworn to before me this 24 day of September, 1975

Greg K. Johnson

Notary Public, residing at Rockville Idaho

My commission expires April 1 1979

(Seal)

Signed Lorne Allred

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 1 Box 10 McCammon, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of September, 1975

Greg K. Johnson

Notary Public, residing at Rockville Idaho

My commission expires April 1 1979

(Seal)

Signed Frankie L. Andrews

(Signature of Any Credible Person)

Route 1 Box 10 McCammon Ida

(Street Address, City, State)

FORM DH 60-155 CL 10/23/74

Certif of Blessing from the LDS Church gives name as Paul Elmer Neeley son of Elmer Neeley and LaVern Archard. born Sept. 13, 1919 at Preston, Idaho. Blessed Jan. 4, 1920. viewed by V. S.

OCT 8 1975

Certif of Baptism and Confirm. from the LDS Church gives nameas Paul Elmer Neeley son of Elmer Neeley and LaVern Orchard. born Sept. 13, 1919 at Preston Idaho. Baptized Nov. [illegible] 1928. viewed by V. S.

Amended 1-27-61

PLACE OF BIRTH

799-127-021-132

County of Franklin

City of Treasureton

No. ____ St.

Hospital ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 72275

Primary Registration District No. 2119 Registered No. 233

FULL NAME OF CHILD Delmon Joy Griffiths
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 27, [redacted] 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frederick Griffiths	FULL MAIDEN NAME	Alice Albertie Griffeth
RESIDENCE	Treasureton, Ida.	RESIDENCE	Treasureton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Hyde Park, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Allen R. Cutler

Physician
(Physician or midwife)

Address Preston, Ida.

Filed Oct. 1, [redacted] 1919 Dr. A.R. Cutler
Registrar.

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 72275

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Griffiths (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1919 (Date of Event)
in Treasureton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Delmon Joy Griffiths
Full Maiden Name of Mother (Middle and Last Name)	Alice Alberta Griffiths	Alice Albertie Griffeth

Subscribed and sworn to before me this 30th day of November, 1960

Delma Barfuss
Notary Public, residing at Preston, Idaho
My commission expires 12-28-60
(Seal)

Signed Albertie G. Griffiths
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 1960

Delma Barfuss
Notary Public, residing at Preston, Idaho
My commission expires 12-28-60
(Seal)

Signed J. Joseph Barfuss
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11-29-60. one copy pd. receipt #09862.

L.D.S. Church Certificate of Blessing, Dec. 14, 1919 gives full name of child as Delmon Joy Griffiths, born Sept. 27, 1919 at Treasureton, Idaho to Frederick Griffiths and Albertie Griffeth - viewed by V.S.

Own Child's Birth Cert. on file: #53-14323 gives full name of father as Delmon Joy Griffiths - viewed by V.S.

State of Utah Marriage Certificate, June 28, 1916 at Logan, Utah gives full name of groom as Frederick Griffiths and full maiden name of bride as Alice Albertie Griffeth - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

72275

County of Franklin

City of Treasureton

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 233

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9/27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Griffiths	FULL MAIDEN NAME	Alice Alberta Griffiths
RESIDENCE	Treasureton Ida	RESIDENCE	Treasureton Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Hyde Park Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Crane

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Ida.

19

Filed Oct 1 1919 Dr. A. R. Crane

Registrar

Registrar

JAN 27 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 535 W. Main St.

Hospital

Registration District No. 37

Primary Registration District No. 1 & 2

File No. 74375

Registered No.

FULL NAME OF CHILD Keith Melvin Gee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 15 1919

FATHER		MOTHER	
FULL NAME	Hyde Orlando Gee	FULL MAIDEN NAME	Nimma Blanche Prentiss
RESIDENCE	535 W. Main St. Twin Falls	RESIDENCE	535 W. Main St. Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oakley Idaho	BIRTHPLACE	Sherman Texas
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Rosser

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rexburg Ida

Filed Nov 20 1919

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 21 1942 Certificate No. 72276

County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed Roberts (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 9/23/19 (DATE OF EVENT)

in Fairview, Franklin, Co. Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Roberts	Ethelbert Bodily Roberts
Ethelbert Bodily Roberts		

Subscribed and sworn to before me this

day of 19th Jan, 1942

H. A. Boyer

Probate Judge ~~Notary Public~~, residing at Rupert

My commission expires

(SEAL)

Signed Annie B. Roberts (Mather)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of ....., 19 .....

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 21 1942 By

(REGISTRAR'S SIGNATURE)

JAN 21 1942

JAN 29 1942

MAY 3 1985

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-131-021-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72277

County of Kootenai

City of Mink Creek

Registration District No. 27

File No. 101466

No. ..... St.

Primary Registration District No. 1051

Registered No. 1329

Hospital .....

FULL NAME OF CHILD Marie Arleen Swisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.		Yes	May 31 1922

FATHER		MOTHER	
FULL NAME	Jerry G. Swisher	FULL MAIDEN NAME	Nina J. Bass
RESIDENCE	Hanson, Idaho	RESIDENCE	Hanson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kathleen, Idaho

Filed 6/6 1922

Registrar

Registrar

dup of 1919-72284

28-1/22-021-795

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72278

County of ...Franklin.....

City of .....Mapleton.....

No. .....St.

Hospital .....

Registration District No. .....27.....

Primary Registration District No. ...279...

File No. .....

Registered No. .....247.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9/22/19

FATHER	MOTHER
FULL NAME: Vernon Sharp	FULL MAIDEN NAME: Mildred Gregory
RESIDENCE: Mapleton Idaho	RESIDENCE: Mapleton Idaho
COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Preston, Idaho	BIRTHPLACE: Franklin Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ...2.... Number of children of this mother now living, including present birth ...2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Sharp

M D (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10/1/19 Dark Cubbs
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-126-021-533

PLACE OF BIRTH Name Added 9/10/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72279

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 195

FULL NAME OF CHILD Clifford Ernest Spinden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 26 1919

FATHER		MOTHER	
FULL NAME	Ernest Spinden	FULL MAIDEN NAME	Eva L. Ellis
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed Sept 10 1919 Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-14-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

AUG 23 12 57 PM '79

Certificate No. 72279
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Spinden (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 26, 1919 (Date of Event)

in Preston, (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Clifford Ernest Spinden

Subscribed and sworn to before me this 20 day of August, 19 79.

Notary Public, Wendy Wengrzyn

Residing at Ogden, Ut

My commission expires MY COMMISSION EXPIRES JULY 26, 1982

(Seal)

Clifford Ernest Spinden
Signature of Applicant

631 Grace ave
Street Address, City, State
Ogden Utah 84404

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism fron the LDS Church gives nameas Clifford Ernest Spindon son of Ernest Spindon and Eva Lucile Ellis. born Aug 26, 1919 at Preston, Idaho. Baptized Feb 6, 1930 viewed by V. S

SEP 1 0 1979

Honorable Dischareg from the US Army gives name as Clifford E. Spindon born Aug 26, 1919 at Prestkn, Idaho.date of Separation. Dec 20, 1945. viewed by V. S.

319-220-021-331

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72280

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 182

FULL NAME OF CHILD GOLDA MARCELLE LARSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jens Ingvor Larsen	FULL MAIDEN NAME	Esther Agella Clausen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Creamery Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed Sept 10 1919 D. A. R. Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 72280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for None (Name on Original Certificate) who Was born (Was Born or Died) on August 20 1919 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on August 20 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Golda Marcelle Larsen

Subscribed and sworn to before me this 15th day of July, 1942

Notary Public, residing at Preston Idaho

My commission expires Dec 17 1944
(Seal)

Signed Esther A. Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 7 1942

863226.021-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of

No. Mapleton Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72281

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 183

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 26 1919

FATHER		MOTHER	
FULL NAME	Enos Holden	FULL MAIDEN NAME	Hazel Blanche Kings Ford
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

19

Filed Sept 10 1919 D. A. R. Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

319.22 21-995

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Franklin

City of Banida

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2719

File No. 72282

Registered No. 18

FULL NAME OF CHILD Ariel Melford Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
		yes	8/27/19

FATHER	MOTHER
FULL NAME Axel Harold Larson	FULL MAIDEN NAME Elin Cecile Ringborn
RESIDENCE Banida Idaho	RESIDENCE Banida Idaho
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Sweden	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 25 (Years)
	BIRTHPLACE Sweden
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Dustin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Sept 10 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ariel Melford Larson

Subscribed and sworn to before me this 18th. day of Feb., 19 43

Notary Public, residing at Preston, Ida.

My commission expires May 1.1945.

(SEAL)

Signed Harold A. Larson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Banida, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th. day of February, 19 43

Notary Public, residing at Preston, Ida.

My commission expires May 1, 1945

(SEAL)

Signed John W Casperson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 23 1943

799-130-021-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72283

County of Franklin

City of Weston

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 185

Registered No. ~~184~~ 185

FULL NAME OF CHILD Eugene Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 30 9 191

FATHER		MOTHER	
FULL NAME	Martin S. Price	FULL MAIDEN NAME	Arilla A. Olsen
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physcian (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Sept 10 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-102-021-292

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of River Dale

Registration District No. 27

File No. 72285

No. ..... St.

Primary Registration District No. 2119

Registered No. 18[illegible]

Hospital Thoma

FULL NAME OF CHILD Theo. Lauvan Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	July 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lauvan Larson	FULL MAIDEN NAME	Emily Mae Bishop
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	River Dale
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a. M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co Idaho

Filed Sept 10 1919 Dan Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 19 1966

JAN 26 1981

653101-021-331

PLACE OF BIRTH Franklin

County of ~~Preston~~

City of Preston

No. 1st Ward St.

Hospital

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72286

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 188

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 1 1919

FATHER		MOTHER	
FULL NAME	Lowe D Fellows	FULL MAIDEN NAME	Lila Clayton
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed Sept 10 1919 D. A. R. Culver

Registrar Registrar

MARGIN RESERVED FOR BIN[illegible] RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PE[illegible]

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-206-0221-759

name added 5-23-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72287

County of Franklin

City of Fairview

Registration District No. 29

File No.

No. ..... St.

Primary Registration District No. 2119

Registered No. ~~189~~ 190

Hospital

FULL NAME OF CHILD Yula Perkins Griffeth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Patison DeLoss Griffith	FULL MAIDEN NAME	Clore Mendenhall Perkins
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Dayton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex P. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 9/10 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-10-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 22 2 42 PM '84

State of Utah
County of Salt Lake } ss.

Certificate No. 72287
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Griffeth (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 6, 1919 (Date of Event)

in Fairview (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Yula Perkins Griffeth

Subscribed and sworn to before me this 14 day of May, 1984.

Notary Public, Peggy L. Andelin

Residing at Salt Lake County

My commission expires March 3, 1985

(Seal)

Yula G. Osgood
Signature of Applicant

1537 Paradise Dr. S.L.C. Ut 84123
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Certificate of marriage lists Walter Lloyd Osgood and Yula Perkins Griffeth were married in Utah on Aug 6, 1946. Viewed by V.S.

MAY 23 1984

Certificate of Blessing from LDS. Church gives Yula Perkins Griffeth born Aug 6, 1919 in Franklin County was blessed Sept 14, 1919. Viewed by V.S.

713-213-021-41K

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Winder

Registration District No. 27

File No. 72288

No. ..... St.

Primary Registration District No. 2119

Registered No. ~~190~~ 189

Hospital .....

FULL NAME OF CHILD Alta Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas C Palmer	FULL MAIDEN NAME	Alta Maughn
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Croydon Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Registrar

Filed 9/10 1919 D. A. R. Cullen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PALMER

dup of 1919-413151

455-215-021-154

PLACE OF BIRTH

Form V. S. No. 11-O—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72289

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 191

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis Mecham Mendenhall	FULL MAIDEN NAME	Natalie Anderson
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Dayton	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed 9/10 1919 Alex R Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864.219.021-271

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

72290

County of Franklin

City of Preston

Name added 6-19-81

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 192

FULL NAME OF CHILD VALETA NELDA HODGES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Hodges	FULL MAIDEN NAME	Sarah Jane Spackman
RESIDENCE	Preston	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Millville Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 7/10 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

6-18-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 19 3 10 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 72290
Date Filed _____

The undersigned does solemnly swear ~~that certain facts on~~ the certificate of birth

for Unnamed Hodges (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-19-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Nelda Valeta~~ Hodges Valeta Nelda

Subscribed and sworn to before me this 19th day of June, 1981.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Valeta Nelda Hodges Long
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1cc pd

Social Security Card, gives name as Valeta Nelda Hodges Hobbs, # 519 03 3423
Issued 1938, by Social Security Administration
Viewed by V.S.

Own child's birth certificate on file with Bureau of Vital Statistics gives name as Charlene Hobbs, born November 30, 1938, in Preston, Idaho. to Douglas P. Hobbs and Valeta Nelda Hodges. Certificate # 261106.
Viewed by V.S.

JUN 19 1981

662-221-021-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 72291

Registered No. 193

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Iva Andrew Foster	FULL MAIDEN NAME	Ella W. Wilcox
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Howard Utah
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 9/10 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-123-021-253 NAME ADDED 11-14-84 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 72292

Registered No. 194

FULL NAME OF CHILD Theodore Bickmore Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob N. Larson	FULL MAIDEN NAME	Ellen Bickmore
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Paradise Utah
OCCUPATION	Real Estate Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Sept 10 1919 Dr A R Cutler

Registrar

10-23-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 13 1984
Bureau of Vital Statistics

State of New Mexico
County of Dona Ana

Certificate No. 72292
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Larsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 23, 1919 (Date of Event)
in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Theodore Bickmore Larsen

Subscribed and sworn to before me this 6th day of November, 1984.

Notary Public, _____
Residing at Las Cruces, NM
My commission expires _____
(Seal)

x Theodore Bickmore Larsen
Signature of Applicant
x 3200 Del Rey Blvd #15
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Mexico
County of Dona Ana } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 1984.

Notary Public, Geraldean Sells
Residing at 2220 Calle de Suenos Las Cruces NM
My commission expires 6-11-85
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Church gives Theodore Bickmore Larsen born 8-23-19 in Preston to Jacob Larsen and Ellen Bickmore was baptised Sept 13, 1927. Viewed by V.S.

Marriage License lists Theodore Bickmore Larsen and LaRelle Smith were married June 18, 1947. Viewed by V.S.

NOV 14 1984

319-113-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27

File No. 72293

Primary Registration District No. 2119

Registered No. 197

FULL NAME OF CHILD Levi LaGrande Larsen

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single		Yes	8-13-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. Peter Lars en Larsen	FULL MAIDEN NAME	Carrie Nelsen Nelsen
RESIDENCE	Mink Creek Idaho.	RESIDENCE	Mink Creek, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Plesant Grove Ut. Farmer	OCCUPATION	Denmark Housewi fe

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Registrar

Filed 9/14 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/12/41 L. B.

JUN 6 1967

391-127-021-253 Amended 8-12-81

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72294

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 200

FULL NAME OF CHILD Rex Keller Crane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	Single	Yes	8/27/19 (Month) (Day) 101 (Year)

FATHER		MOTHER	
FULL NAME	William E. Crane	FULL MAIDEN NAME	Jemima Keller
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Draper, Utah	BIRTHPLACE	Mink Creek, Idaho.
OCCUPATION	Farmer	OCCUPATION	Mink Creek, Idaho Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12/45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho,

Filed 9/10 1919 Dra R Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-18-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 6 1981
Bureau of Vital Statistics

State of Idaho
County of Cassia } ss.

Certificate No. 72294
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Crane (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-27-19 (Date of Event)

in Mink Creek (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rex Keller Crane

Subscribed and sworn to before me this 2nd day of July, 19 81

Notary Public, Norma Jean Rutton

Residing at Cassia

My commission expires Life

(Seal)

Rex Keller Crane
Signature of Applicant

Rt. 2, Hazelton, Ida. 83335
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 19 81

Notary Public, Norma Jean Rutton

Residing at Cassia

My commission expires Life

(Seal)

H. R. Bowen
Supporting Signature

Rt. 2, Box 2362, Burley, Ida.
Street Address, City, State

Cert. of Baptism from LDS church gives name as Rex Keller Crane born 8-27-19 at Mink Creek, ID to Wm. E. Crane and Jermima Keller. Baptised on 9-4-27, Mink Creek, ID. Viewed by V.S.

AUG 12 1981

Cert. of Blessing from LDS Church gives name as Rex Keller Crane born 8-27-19 at Mink Creek, ID son of Wm. E. Crane and Jermima Keller. Blessed 10-5-19 in Mink Creek, ID Viewed by V. S.

253-227-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72295

County of Franklin

City of Mink Creek — Registration District No. 27 — File No.

No. ..... St. — Primary Registration District No. 2119 — Registered No. 201

Hospital

FULL NAME OF CHILD Zola Marianna Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Single	Yes	8/27/19

FATHER	MOTHER
FULL NAME: Conrad Bell	FULL MAIDEN NAME: Emma Nelson
RESIDENCE: Mink Creek, Idaho	RESIDENCE: Mink Creek, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Weston, Idaho	BIRTHPLACE: Logan, Utah.
OCCUPATION: Farmer	OCCUPATION: ~~Housewife~~

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... P. M. on the date above stated.

(Signature) Physician

(Physician or midwife)

Address Preston, Idaho

Filed 9/10 19 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ment of the Public

275-122-021-674

PLACE OF BIRTH

[redacted]

U. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 72296

Registered No. 199

FULL NAME OF CHILD Ben Orville Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	Yes	8/22/19 191

FATHER		MOTHER	
FULL NAME	Hezzikiah Hezeckiah Spencer	FULL MAIDEN NAME	Edna Pearl Ogden
RESIDENCE	Weston, Idaho,	RESIDENCE	Weston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Mississippi	BIRTHPLACE	Weeping Water Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho

Filed 9/10 1919 Dr. A. R. Cullen Registrar

Certified Copy issued January 20, 1941. E.W.

JUN 7 1963

453 114 021-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 72297

Primary Registration District No. 2119

Registered No. 198

FULL NAME OF CHILD Monroe De Carver

Sex of Child Male

Twin Triplet or other? and Number in order of birth Single
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 8/14/19 191 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John A. Carver	FULL MAIDEN NAME LaVerne Olsen
RESIDENCE Preston, Idaho.	RESIDENCE Preston, Idaho.
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Preston, Idaho.	BIRTHPLACE Oxford, Idaho.
OCCUPATION Lawyer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

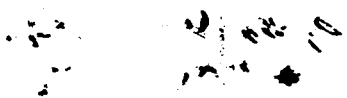
Filed 7/10 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 5 1944

318-204-021-655

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Treasureton Registration District No. 27 File No. 72298

No. ..... St. Primary Registration District No. 2119 Registered No. 196

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Aug 4 1919

FATHER		MOTHER	
FULL NAME	Iva Joseph Taylor	FULL MAIDEN NAME	Nora Alice Hinga
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR	White AGE AT LAST BIRTHDAY 2[illegible] (Years)
BIRTHPLACE	Bottle Creek	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.38 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

..... Registrar

Filed Sept 10 1919 D A R Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-124-021-414

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72299

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 202

FULL NAME OF CHILD James Paul Chadwick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 24 1919

FATHER		MOTHER	
FULL NAME	Samuel Clarence Chadwick	FULL MAIDEN NAME	Della Maughn
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Franklin	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 5 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co Idaho

Filed 10/11 1919 Dr. A. R. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-227-016-864

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—Mar-8-8-17

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72300

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 249

Registered No. 33

FULL NAME OF CHILD ARTHELLA Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Aug 27 1919

FATHER		MOTHER	
FULL NAME	John R. Butler	FULL MAIDEN NAME	Charlotte Hauser
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

..... 19.....

Filed Aug 27 1919 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1953

APR 6 1971

418-116-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72301

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 32

FULL NAME OF CHILD Dahlquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Aug 16 1919

FATHER		MOTHER	
FULL NAME	Clyde Dahlquist	FULL MAIDEN NAME	Zella Day
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 28 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Aug 20 1919 A. F. O. Nielson Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

693-116-016-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72302

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 31

FULL NAME OF CHILD Wilson

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Wilson	FULL MAIDEN NAME	Phebe McMurray
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 (seven) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Aug 20 1919 [illegible] Nielson Reg

769-205-016-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72303

Registration District No. 130

File No. XX1

Primary Registration District No. 2199

Registered No. 30

FULL NAME OF CHILD LOUISE Port

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Garnet Port	FULL MAIDEN NAME	Juanella Rose
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Aug 20 1919 N. F. O. Nielson Reg.

DEC 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 9 12 44 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 72303

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Port (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Louise Port

Subscribed and sworn to before me this 5th day of December, 19 74

Notary Public, residing at Oakley Idaho
My commission expires May 8 1978
(Seal)

Signed Juaneta Port.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of December, 1974

Notary Public, residing at Oakley Idaho
My commission expires May 8 1978
(Seal)

Signed Keegan L. Drake
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL11/29/74 Recd!

Certificate of Blessing certifies that Louise Port daughter of Garnett Port and Jannetta Rose was born August 5, 1919 at Oakley, Idaho. Blessed October 5, 1919. L. D. S. Church.
Viewed by V.S.

DEC 17 1974

Marriage Certificate issued by the State of Idaho, County of Bonneville gives Brides name as Louise Port. Married January 8, 1940 at Burley, Idaho.
John A. Clark Wade Baker, Witnesses.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

457-104-016-655

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

72304

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 27

FULL NAME OF CHILD ELDEN HAL MECHAM Mecham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	August 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Elden Mecham	FULL MAIDEN NAME	Olive Eliza Fennel
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Aug 11 1919 [signature]

Registrar

Registrar

K

APR 17 1943

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 72304

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elden Hal Mecham (Name on Original Certificate) who born (Was Born or Died) on Aug 4. 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on Sept - 1 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elden Hal Mecham

Subscribed and sworn to before me this 19
day of April, 19 43

Notary Public, residing at Burley, Idaho

My commission expires May 25, 1945
(Seal)

Signed Mrs. O. E. Mecham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

212 N Oakley Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of April, 19 43

Notary Public, residing at Burley Idaho

My commission expires May 25, 1945
(Seal)

Signed Chas A Smith
(Signature of Any Credible Person Other Than Previous Year)

160 So Miller Burley, Ida
(Street Address, City, State)

753102016-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72305

Registration District No. Bu

File No. XXI

Primary Registration District No. 2199

Registered No. 28

FULL NAME OF CHILD Weston Wilbur Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Aug 2 1919

FATHER		MOTHER	
FULL NAME	A. W. Peterson	FULL MAIDEN NAME	Maria Anderson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Nielson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Aug 20 1919 A. W. Nielson Reg

JUN 14 1951

168-116-003-813

[redacted] E OF BIRTH

Form V. S. No. 11-C—25m-9-8-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72306

County of Bannock

City of Oxford

Registration District No. 83

File No.

No. St.

Primary Registration District No.

Registered No. 44

Hospital

FULL NAME OF CHILD Byron Daniel Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	and	Single	Yes	9-16 (Month) (Day) 191.9 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Derby Johnson	FULL MAIDEN NAME	Ida M. Hatch
RESIDENCE	Diez Colony Mexico	RESIDENCE	Oxford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Diez Colony Mex.	BIRTHPLACE	Oxford Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Dooney Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-6 1912

[signature]
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

name issued 5/11/81
653-230-003-595

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72307

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. .....

File No. .....

Registered No. 45

FULL NAME OF CHILD Maude Welling

Sex of Child Girl | Twin Triplet or other? and Number in order of birth Single (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9-30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edw. A. Welling	FULL MAIDEN NAME	Minnie Nelson
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Farmington Ut	BIRTHPLACE	Huntsville Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl M. Maud

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed 10-6 1919 Carl M. Maud

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss. MAR 1 8 41 AM '81

Certificate No. 72307
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Welling (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 30, 1919 (Date of Event)
in Downey, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Maude Welling

Subscribed and sworn to before me this 1st day of
May, 19 81.
Notary Public, E Earl Greenwood Jr
Residing at Salt Lake City, Utah
My commission expires 12-19-83
(Seal)

[signature]
Signature of Applicant
2901 Crestview Drive.
Street Address, City, State
Salt Lake City, Utah, 84108

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Utah
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
(Maude's alleviator)
Subscribed and sworn to before me this 1st day of
May, 1981
Notary Public, E Earl Greenwood Jr.
Residing at Salt Lake City, Utah
My commission expires 12-19-83
(Seal)

Wanda W. Tillen
Supporting Signature
515 S. 10th E. #905
Street Address, City, State
Salt Lake City, Utah 84102

called 3/6/81 (RUSH!)

MAY 11 1981

Church certificate of birth gives name as Maude Welling, born Sept 30, 1919 at Downey, Idaho, to Edward Welling and Minnie Nielsen. Recorded Jan 1920.
Viewed by V.S.
Family record gives name as Maude Welling born Sept 30, 1919, to Edward H & Minnie Welling, born in Downey, Idaho.
Viewed by V.S.

469-113-003-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72308

County of Bannock

City of Downey

Registration District No. 83

File No.

No. St.

Primary Registration District No.

Registered No. 85

Hospital

FULL NAME OF CHILD KENNETH BINGHAM Morrisey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8/13/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm A Morrisey	FULL MAIDEN NAME	Nettie Bingham
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Ogden Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 111 Number of children of this mother now living, including present birth 111

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cassie W. Pond

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Aug 1919

Cassie W. Pond
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of ..... } ss.
County of ..... }

Certificate No. 72308
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Morrison	Kenneth Bingham Morrison

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Richard W Morrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1501 So 5 East Salt Lake Ut. City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of Oct, 1941

Earl N Lowry
Notary Public, residing at Pluck Police Court
My commission expires .....
[SEAL]

Signed Charles W. Farnsworth
(Signature of any credible person other than the previous affiant.)

1411 Richards St. Salt Lake City Utah.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

815220-003-255

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72309

County of Bannock

City of Downey

Registration District No. 83

File No.

No. St.

Primary Registration District No.

Registered No. 36

Hospital

FULL NAME OF CHILD Mary Elizabeth Hancock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
		Yes	8 20 1919

FATHER		MOTHER	
FULL NAME	Geo A. Hancock	FULL MAIDEN NAME	Florence Bennett
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Raysville Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 V Number of children of this mother now living, including present birth 1 V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cassie D. Wand

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug 1919

Registrar

Cassie D. Wand

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.129.003 x 55

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72310

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. .....

File No. .....

Registered No. 37

FULL NAME OF CHILD THEODORE Baby Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	8/29/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Barnes	FULL MAIDEN NAME	Nettie Jensen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Roysville Wh	BIRTHPLACE	Hymn Wh
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Maud

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-10 1919

Casper Maud
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock

Certificate No. 72310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Theodore Barnes (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 19, 1919 (DATE OF EVENT)
in Downey, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ~~Prepared on Nov. 2, 1919~~ Certificate of Blessing (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Theodore Barnes

Subscribed and sworn to before me this 18th day of December, 19 42.

Notary Public, residing at Downey, Idaho

My commission expires 10-1-45

(SEAL)

Signed Mrs. Franklin Barnes.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OR ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Father Downey Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 19 42.

Notary Public, residing at Downey, Ida.

My commission expires 10-1-45

(SEAL)

Signed Gary Curtis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Downey Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 22 1942

397-220-003-745

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72311

Registration District No. 83 File No. .....

Primary Registration District No. ..... Registered No. 38

FULL NAME OF CHILD .... Edna Lightfoot

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Single	Yes	9-20-1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Lightfoot	Erdanney Gunter
RESIDENCE	Downey Idaho	Downey Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	19	18
BIRTHPLACE	Ogden Ut	Arimo Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-5 1917

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 30 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 72311

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lightfoot (Name on Original Certificate) who born (Was Born or Died) on 9-20-19 (Date of Event)
in Downey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by H & S Bible (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Edna Lightfoot

Subscribed and sworn to before me this 29th day of May, 19 59

Notary Public, residing at Ogden, Utah
My commission expires MY COMMISSION EXPIRES MAY 14, 1963
(Seal)

Signed Edna Lightfoot
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

219 2nd St. Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 19 59

Notary Public, residing at Ogden, Utah
My commission expires MY COMMISSION EXPIRES MAY 14, 1963
(Seal)

Signed Joseph F Lightfoot
(Signature of Any Credible Person)

219 2nd Ogden Utah
(Street Address, City, State)

FORM DPH 55. 155

NN 7-30-57 1 copy paid

Certif. of Baptism and Confirmation from the LDS Church gives name as Edna Lightfoot daughter of Joseph F. Lightfoot and Erda May Gunter. Born Sept. 24, 1919 at Marsh Center, Idaho. Was Baptized Aug. 2, 1930. viewed by VS

JAN 28 1975

Certificate of Blessing from the LDS Church gives name as Edna Lightfoot duaghter of Joseph F. Lightfoot and Erda M.Gunter. Born Sept. 20. , 1917 at Arimo, Idaho. Was Blessed Nov. 3, 1919. viewed by V. S.

515-124-003-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72312

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 63

Primary Registration District No. .....

File No. .....

Registered No. 39

FULL NAME OF CHILD Francis Elma Van Leuven

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			single	yes	9-24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cyprus Elmo Van Leuven	FULL MAIDEN NAME	Elva Hall
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Downey Idaho	BIRTHPLACE	Harlo Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cyprus Maud

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed 9-20 1919

Registrar

Cyprus Maud

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366117.003-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72313

County of Bannock

City of .....

Registration District No. 83

File No. .....

No. ..... St.

Primary Registration District No. .....

Registered No. 41

Hospital .....

FULL NAME OF CHILD James Hall Crowley

Sex of Child: male | Twin / Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? | Date of Birth 9 (Month) 17 (Day) 191? (Year)

FATHER	MOTHER
FULL NAME: James E Crowley	FULL MAIDEN NAME: Kitty Flory Hall
RESIDENCE: Dairy Creek Ida	RESIDENCE: Dairy Creek Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Logan Ut	BIRTHPLACE: Meadville Miss.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) .....

(Physician or midwife)

Address Downey Idaho

Filed 10-6 19 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

212-116-003-154

PLACE OF BIRTH

County of Bannock.

City of Oxford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72314

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 83 File No. .....

Primary Registration District No. ..... Registered No. 41

FULL NAME OF CHILD Geo. M. Baker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Single	Yes	9-16 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo M. Baker	Essona Anderson
RESIDENCE	Oxford Ida	Oxford Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Oxford Ida	Clifton Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo M Baker

(Physician or midwife)

Address Downey Idaho

Filed 10-10-1917 Geo M Baker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 14-313130

552.113.003-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72315

County of Bannock

City of Swan Lake Ida

Registration District No. 83 File No.

No. St.

Primary Registration District No. Registered No. 42

Hospital

FULL NAME OF CHILD Baby Nesrsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Single	Yes	9-13 19 19

FATHER		MOTHER	
FULL NAME	Harmon Nesrsen	FULL MAIDEN NAME	Mary Olsen
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Mink Creek Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

(Physician or midwife)

Address Swan Lake Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-6-19 19

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

667-123·003-249

PLACE OF BIRTH

County of Bannock

City of Downey Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72316

Registration District No. 83 File No. .....

Primary Registration District No. ..... Registered No. 43

FULL NAME OF CHILD Baby Fox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Single	Yes	9-23 191.9

FATHER		MOTHER	
FULL NAME	Raymond Fox	FULL MAIDEN NAME	Mary Burrup
RESIDENCE	Downey Idaho	RESIDENCE	Downey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at ..... M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-4 19 19

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [redacted]

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72317

County of Kootenai

City of Coeur d Alene

No. 219-120-028-754 St.

Hospital Coeur d Alene

Registration District No. 29

File No.

Primary Registration District No. 1050

Registered No. 99

FULL NAME OF CHILD Charles Gedney Barclay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander Barclay	FULL MAIDEN NAME	Agnes M. Gedney
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	St Paul Minn	BIRTHPLACE	Minneapolis Minn
OCCUPATION	Physician	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Barclay

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D' Alene Idaho

Filed Sept. 20 1919 Gus Nelson
Registrar

[redacted]

AUG 13 1949

152-210-028-35

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72318

County of Kootenai

City of Coeur d' Alene Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 104

Hospital

FULL NAME OF CHILD Josephine Dorothy Jessick

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 10 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matt Jessick	Mary Stefanic
RESIDENCE	Coeur d' Alene	Coeur d' Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Austria	Austria
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Dwyer By D. Hubble.

Physician (Physician or midwife)

Address Coeur d' Alene, Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Oct. 3 1917 Gus Nelson
Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 7 1974

756-221-028-613

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 29

File No. 72319

No. ..... St.

Primary Registration District No. 1050

Registered No. 103

Hospital Coeur D'Alene

MARY NATALIA

FULL NAME OF CHILD ~~Marian~~ Natalia Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	9 - 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Guy Lewis	FULL MAIDEN NAME	Ann Kathryn Walsh
RESIDENCE	Coeur d'Alene, Idaho.	RESIDENCE	Coeur d'Alene, Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Missouri	BIRTHPLACE	Toledo, Ohio
OCCUPATION	Soil Scientist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Dwyer

Eva Zielke (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur D'Alene Ida

Filed Oct 3 1919 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas } ss.
County of Potter }

Certificate No. 72319

Date Filed February 3, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Marion Natalia Lewis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 21, 1919 (DATE OF EVENT)
in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by INSURANCE POLICY (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on OCTOBER, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Marion	Mary Natalia Lewis

Subscribed and sworn to before me this 3rd day of February, 19 43

Era Lewis (Era Lewis)

Notary Public, residing at Amarillo, Texas

My commission expires June 1, 1943

(SEAL)

Signed A G Lewis (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1904 Harrisson, Amarillo, Texas.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.
County of Potter }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 19 43

Era Lewis (era Lewis)

Notary Public, residing at Amarillo, Texas

My commission expires June 1, 1943

(SEAL)

Signed John G Ballance

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Radio Station KGNC, Amarillo, Texas

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 2 4 1976

FEB 16 1943

416-109-028-365

PLACE OF BIRTH

Form V. S. No. 11-G—2[illegible]-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital Coeur D'Alene

Registration District No. 29

File No. 72320

Primary Registration District No. 1050

Registered No. 10[illegible]

FULL NAME OF CHILD BERNARD RICHARD Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Dawson	FULL MAIDEN NAME	Amelia Longtin
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene, Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Red Lake Falls, Minne,
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Eva Zielke R.N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Coeur D'Alene Ida

Filed Oct 3 1919 Gus Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Klickitat }

Certificate No. 72320 1942
APR 9
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Bernard Richard Dawson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 9, 1919 (DATE OF EVENT)
in Coeur D'Alene, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by on record Boise, Ida (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Dawson	Bernard Richard Dawson
Bernard Richard Dawson		

Subscribed and sworn to before me this 7th
day of April, 1942

Notary Public, residing at Goldendale, Wash

My commission expires June 18, 1942
(SEAL)

Signed Amelia L. Dawson (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Goldendale, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 14 1942

OCT 15 1963

311-105-028-857

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72321

County of Kootenai

City of Coeur d'Alene Idu Registration District No. 29 File No.

No. R.F.D. #2 St.

Primary Registration District No. 2050 Registered No. 100

Hospital

FULL NAME OF CHILD Wilmer Travis Laabs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	other		5	Yes	Sept. 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Laabs	FULL MAIDEN NAME	Ella Hepp
RESIDENCE	Coeur d'Alene Idu. Rural	RESIDENCE	Coeur d'Alene Idu R.F.D. #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood Jr

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Ida

Filed Oct 3 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1968

65-128-028-231

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene,

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72322

Registration District No. 29 File No. _____

Primary Registration District No. 1050 Registered No. 101

FULL NAME OF CHILD Thomas Ernest Wernette

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug. 28 1919

FATHER	MOTHER
FULL NAME Nicodemus D. Wernette	FULL MAIDEN NAME Rosalinda E. Blanchard
RESIDENCE Coeur d'Alene, Ida.	RESIDENCE Coeur d'Alene, Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Minnesota
OCCUPATION Attorney	OCCUPATION housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

(Signature) Dr. J. C. Dwyer.

Physician (Physician or midwife)

Address Coeur d'Alene, Idaho

Filed Oct. 3 1919 Gus Nelson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1955

68 [illegible]

PLACE OF BIRTH 2

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72323

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No.

No. St.

Primary Registration District No. 1050

Registered No. 98

Hospital

FULL NAME OF CHILD Rachael Montooth Whitby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Ruben Whitby	FULL MAIDEN NAME	Minerva May Babbitt
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bradford, Ill.	BIRTHPLACE	Sherman Wis
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 ~P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Ida

Filed Sept 20 1919 Gus Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

358-128

PLACE OF BIRTH

017-413

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Form Vr-2a-No. H-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72324

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD MELVIN CHESTER LEHRMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John V Lehman	FULL MAIDEN NAME	Anna S Dalke
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Filed Sept 28 1919 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR [redacted] AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon — Certificate No. 72324

County of Marion — Date Filed Dec 7, 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)

for Melvin Chester Lehrman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 9/28/1919 (DATE OF EVENT)

in farm near Dubois, Idaho (PLACE OF EVENT) [redacted] were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 9/28/1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Melvin Chester Lehrman
Melvin	Chester	Lehrman

Subscribed and sworn to before me this 7th day of December, 1942

Edna S. Lukins

Notary Public, residing at Salem Oreg.

My commission expires 4/20/45 (SEAL)

Signed Mrs Anna S. Lehrman (mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RFD 1 - Box 229, Brooks, Oreg

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Marion

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Dec, 1942

Edna S. Lukins

Notary Public, residing at Salem Oreg

My commission expires 4/20/45 (SEAL)

Signed John V. Lehrman

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

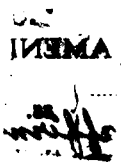
R.R. 1 Box 229, Brooks, Oreg

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____ (REGISTRAR'S SIGNATURE)

JAN 27 1949

DEC 11 1942



9602-123-017-412

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-37

72325

Registration District No. 125

Primary Registration District No. 2203

File No. .....

Registered No. .....

FULL NAME OF CHILD Vird Afton Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 23 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Wylie Roberts	FULL MAIDEN NAME	Lizzie A. Mason
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD

(Physician or Midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 23 1916

C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REUSED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clark (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Vird Afton Roberts

5. Date of Birth of Child (Month, day, year) Sept 23, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Wylie Roberts
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Tellico Plains (City or town) Tenesee (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Mason
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tellico Plains (City or town) Tenesee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Sarah Mason (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Roberts Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 42

(SEAL) [signature] Clerk of District Court, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR [illegible] by [signature], Registrar

APR 5 1942 APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

25-210-017-685

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72326

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Virginia Imogene Beauchamp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 10 1917

FATHER	MOTHER
FULL NAME William J Beauchamp	FULL MAIDEN NAME Irene G Wheatley
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	AGE AT LAST BIRTHDAY 54 (Years)
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Ga	BIRTHPLACE Cala
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Sept 20 1917

C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1966

515-110-017-713

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72327

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Clifford Van Schoener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford Van Schoener	FULL MAIDEN NAME	Callie Palmer
RESIDENCE	Dubois PO	RESIDENCE	Dubois PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Miss
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:15 P M. on the date above stated.
(Born [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Jones MD
(Physician or midwife)

Given names added from a supplemental report.

Address Dubois Idaho

..... 19.....

Filed Sept 10 1919 C. E. Jones MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1969
MAY 0 3 1996

Dup of 1920-296506

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Winsper Registration District No. 125 File No. 72328

No. ..... St. Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen May Colson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter W Colson	FULL MAIDEN NAME	Margaret L Tilvert
RESIDENCE	Winsper	RESIDENCE	Winsper
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C E Jones M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Dubois Idaho

..... 19.....

Filed Sept 9 1919 C E Jones M.D.

..... Registrar Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 20 1949

JUN 7 1949

PLACE OF BIRTH

County of .....

SEP 15 1958

MAR 12 1976

249-102-017-666

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clark

City of Dubois — Registration District No. 125 — File No. 72329

No. ..... St. — Primary Registration District No. 2202 — Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 2 1917

FATHER		MOTHER	
FULL NAME	Frank A Burrell	FULL MAIDEN NAME	Nellie E Wood
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	AGE AT LAST BIRTHDAY 33 (Years)	White — 24 (Years)
BIRTHPLACE	Idaho		Idaho
OCCUPATION	Farmer		Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD (Physician or midwife)

Address Dubois Idaho

Filed Sept 2 1917 — C E Jones MD Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

252-129-017-855

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72330

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Albert Brse

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 29 1917

FATHER		MOTHER	
FULL NAME	John Brse	FULL MAIDEN NAME	Katie Hurich
RESIDENCE	Dubois P.O.	RESIDENCE	Dubois P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1230 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. Howard Gregory

Physician

(Physician or midwife)

Address Dubois, Idaho

Filed Sept 8 1917 E. E. Jones M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-207-005-69

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bennah

City of Desmet

Registration District No. 31

File No. 72331

No. ..... St.

Primary Registration District No. .....

Registered No. 12

Hospital .....

FULL NAME OF CHILD Jane Cecelia Lyden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		3	Yes	Apr. (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Lyden	FULL MAIDEN NAME	Bertha M. Heay
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lincoln, Kansas	BIRTHPLACE	Johnson City Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eugene W. Hill

Physician U.S.I.S. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Desmet Idaho

Filed Sept 15 1919 Mary G. Hill Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-119-005-255

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72332

County of Benewah

City of Worley

No. — St.

Hospital —

Registration District No. 31

Primary Registration District No.

File No.

Registered No. 18

FULL NAME OF CHILD Eugene T. Mondeaux

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		2	Yes	June 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Mondoux	FULL MAIDEN NAME	Mollie Keeling
RESIDENCE	Worley Idaho	RESIDENCE	Worley
COLOR	1/16 Ind. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Mo.
OCCUPATION	Mill Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Bartean

Physician (Physician or midwife)

Given names added from a supplemental report.

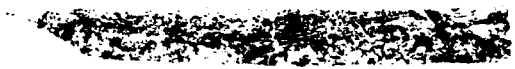
19

Registrar

Address Rockford Washington

Filed Sept 4th 1919 Mary G. Hill

Registrar



381-207-005-268

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72333

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. .....

File No. .....

Registered No. 13

FULL NAME OF CHILD Evelyn Elanore Charlie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem.	—		1	Yes	July 7th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Charlie	FULL MAIDEN NAME	Lizzie Boyd
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet Idaho
COLOR	Ind 4/4	COLOR	Indian 4/4
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Coeur D'Alene Res.	BIRTHPLACE	Spokane Res. Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eugene W. Hill M.D.

U.S. I.S.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Desmet Idaho

Filed Sept 3 1919 Mary G. Hill

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-[illegible]-869

PLACE OF BIRTH

County of Bennwoh IDAHO

Township of
or
Village of
or
City of Near Teton

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH 72334

Registered No. 14

(No. ——, —— St.; —— Ward)

FULL NAME OF CHILD Anna Hornish {If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F	—	✓	Yes	July (Month), 12 (Day), 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Phillip Hornish	FULL MAIDEN NAME	Anna Hornes
RESIDENCE	Bennwoh Co Ida	RESIDENCE	Bennwoh Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	S Dak	BIRTHPLACE	Kan
OCCUPATION	Farmer ?	OCCUPATION	Housewife

Number of children born to this mother, including present birth 3

Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 34 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson

Physician (Physician or Midwife)

Address Teton Wash

Given name added from a supplemental report ——, 19

Filed Sept 15, 1919. Mary [illegible] Hill

REGISTRAR

11—385 H

REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V. S. No. 109

dup of 1919-332946

129-210-005-254

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of Desmet Idaho

Registration District No. 31

File No. 72335

No. ..... St.

Primary Registration District No. .....

Registered No. 15

Hospital .....

FULL NAME OF CHILD Dorothea M. Abraham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fern.	2	Yes	Aug. (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alech Abraham	FULL MAIDEN NAME	Angeline Bedell
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	Ind. 4/4	COLOR	Ind. 4/4
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Coeur D. Alene Res.	BIRTHPLACE	Coeur D. Alene Res
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eleanor Fr. Hill

Physician U.S.I.S. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Desmet Ida

Filed Sept. 10 1919 Mary G. Hill Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1967

JAN 5 1976

PLACE OF BIRTH

County of Benewah

194-119-005-243

Township of

or

Village of

or

City of Dr Smith

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH 72336

Registered No. 16

(No. ____, ____ St.; ____ Ward)

FULL NAME OF CHILD Edgar Alvin Pruett

{If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	-	-	yes	Aug 19, 19 19

FATHER

FULL NAME Henry Pruett

RESIDENCE Tensed Idaho

COLOR W AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE

OCCUPATION Lobbyist

MOTHER

FULL MAIDEN NAME Mary Kutch

RESIDENCE Tensed Idaho

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Mo

OCCUPATION Housework

Number of children born to this mother, including present birth ____

Number of children of this mother now living ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 6A M., on the date above stated.

(Signature) J. A. Nelson MD

(Physician or Midwife)

Address Tensed Ida

Filed Sept 15, 19 9. Mary E. Hall REGISTRAR

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ____, 19 ____

REGISTRAR

11—385 H

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BIND

U. S. No. 109

613-111 205-912

PLACE OF BIRTH

County of Benewah

Township of or Village of or City of Dr Smith (No. ____, ____ St.; ____ Ward)

FULL NAME OF CHILD Henry Joseph Falkan

{If child is not yet named, make supplemental report, as directed

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH 72337

Registered No. 17

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	Sept (Month), 11 (Day), 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Falkan	FULL MAIDEN NAME	Mary Ann Masselaar
RESIDENCE	Benewah Co	RESIDENCE	Benewah Co
COLOR	7/4 Indian — AGE AT LAST BIRTHDAY 25 (Years)	COLOR	4/4 Indian — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Dr Smith
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of children born to this mother, including present birth 1

Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 11 a M., on the date above stated.

(Signature) J. A. Nelson
Phys.
(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address ____

Given name added from a supplemental report ____, 19 ____

REGISTRAR

Filed Sept 15, 1919. Mary G. Hill
REGISTRAR

11—385 H

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V. S. No. 109

799-101-003-418

[redacted]

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84 File No. 72338

Primary Registration District No. 2161 Registered No. 2472

FULL NAME OF CHILD Gordon Lawrence Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 1st (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Tennyson R. Price	FULL MAIDEN NAME Violet Dahlborg
RESIDENCE 423 S. Hayes Ave. Pocatello, Idaho	RESIDENCE 423 S. Hayes Ave. Pocatello, Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Oklahoma City, Oklahoma	BIRTHPLACE Helena, Montana
OCCUPATION Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida

19

Registrar

File Sep 30 1919 T. B. Deely Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 25 1952

255-103-003-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72339

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 830 No. Harrison St.

Hospital

Registration District No. 84 File No. 51

Primary Registration District No. 2161 Registered No. 2473

FULL NAME OF CHILD Robert Edw. Bentz

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 3 19 9

FATHER		MOTHER	
FULL NAME	Edward H. Bentz	FULL MAIDEN NAME	Ruby Clay
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lincoln, Nebr	BIRTHPLACE	Springfield, Mo.
OCCUPATION	Ice deliver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 4.05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 14 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613. 20 2:003-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72340

County of Bannock

City of Pocatello Ida.

No. ..... St.

Registration District No. 84 File No. 51

Primary Registration District No. 2164 Registered No. 2474

Hospital .....

FULL NAME OF CHILD Phoebe May Walker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	6	yes	Sept. 2 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorin L Walker	Vera May Hendrix
RESIDENCE	Lutkom Idaho	Lutkom Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

Pocatello Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-14-19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

853.205.003-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72341

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 931 No. Hayes St.

Hospital

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2775

FULL NAME OF CHILD LaVerne Edna Hecox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 5 1917

FATHER

FULL NAME: Albert James Hecox

RESIDENCE: 931 No. Hayes

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Santa Barbara, California

OCCUPATION: Sheet Metal Worker

MOTHER

FULL MAIDEN NAME: Martha Edna Rowland

RESIDENCE: 931 No Hayes

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ogden, Utah

OCCUPATION: Work

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles T. Gregory M.D.

(Physician or midwife)

Address Kam Bldg

Given names added from a supplemental report.

..... 19.....

Filed Sept. 14, 1917

..... Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1974

--- 623-207-003-964 ---

Form V. S. No. 11-C—~~21m-9-8-17~~

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72342

County of Bannock

City of Pocatello

Registration District No. 84 File No. 52

No. ..... St.

Primary Registration District No. 2161 Registered No. 2776

Hospital .....

FULL NAME OF CHILD ~~No Name~~ Lois Fay Ostrander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sep 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. C. Ostrander	FULL MAIDEN NAME	Maud Rouse
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Sep 27 1919 P. B. Dedy
Registrar Registrar

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file, #345191 gives mother's full maiden name as Lois Fay Ostrander - viewed by V.S. and Own Certificate of Holy Baptism, Trinity Church, Pocatello Idaho, March 31, 1929 gives full name as Lois Fay Ostrander-viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Certificate No. 72342

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ostrander (Name on Original Certificate) who born (Was Born or Died) on Sept. 7, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Fay Ostrander
Full Maiden Name of Mother	Maud Rouse	Maud Rouse

Subscribed and sworn to before me this 30th day of October 1959

Jack Berro

Notary Public, residing at 408 east 1st Street

My commission expires My commission expires June 18, 1961

(Seal)

Signed x Maud Ostrander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1216 East 3rd Long Beach, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of October 1959

Jack Berro

Notary Public, residing at 408 East 1st Street

My commission expires My commission expires June 18, 1961

(Seal)

Signed Mrs Minnie Johnson
(Signature of Any Credible Person)

952 East 2nd Street Long Beach, Calif.
(Street Address, City, State)

FORM DPH 55.155

CL 10-20-59. one copy pd. receipt #16725.

NOV 9 195

395-210-003-43-3

PLACE OF BIRTH

amend 1-20-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—20m-8-8-17

72343

County of Bannock

City of Pocatello

Registration District No. 84

File No. 52

No. ..... St.

Primary Registration District No. 2161

Registered No. 2777

Hospital St. Anthony

FULL NAME OF CHILD Marjory Elizabeth Lindsay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sep 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry W. Lindsay	FULL MAIDEN NAME	Elizabeth McClellon
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Montana
OCCUPATION	Ticket agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed Sep 27 1919 O. B. Leeds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

10-7-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 24 10 21 AM '81

State of Oregon
County of Multnomah } ss.

Certificate No. 72343
Date Filed
birth

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed Lindsay (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-10-19 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Marjory Elizabeth Lindsay

Subscribed and sworn to before me this 28th day of October, 1981.

Notary Public Catherine R. Brown
Residing at P.O. Box 12065 Portland, Or.
My commission expires October 15, 1982
(Seal) CATHERINE R. BROWN
NOTARY PUBLIC-OREGON
My Commission Expires

Marjory Elizabeth Lindsay
Signature of Applicant
5595 N.E. Deschutes Dr. Portland, Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of Multnomah } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1981.

Notary Public Catherine R. Brown
Residing at P.O. Box 12065 Portland, Or.
My commission expires October 15, 1982
(Seal) CATHERINE R. BROWN
NOTARY PUBLIC-OREGON
My Commission Expires

Erika Elizabeth Lindsay
Supporting Signature
415 N.E. Schuyler
Street Address, City, State
Portland, Oregon 97212

Credit ICC

JAN 20 1982

Insurance Application from Equitable Life Assurance Society of United States gives insureds name as Marjory Elizabeth Schroeder born 9-10-19 in Idaho. Viewed by V.S.

Cert of Marriage gives Walter W Schroeder and Marjory E Madsen were married in the State of Washington on 9-18-70. Viewed by V.S.

Drivers License issued in State of Oregon on 5-15-74 expires 9-10-75 gives name as Marjory Elizabeth Schroeder born 9-10-19. Viewed by V.S.

718-111-023-155

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 744 W. Hayden St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72344

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2778

FULL NAME OF CHILD Paynter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 11 1917

FATHER		MOTHER	
FULL NAME	Henry T. Paynter	FULL MAIDEN NAME	Lena Jensen
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Edmonton Ky	BIRTHPLACE	Carleton Mich
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Sept 15 19 19 O B Steely Registrar

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-212-003-392

PLACE OF BIRTH

County of Bannock

City of Inkom

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 72345

Primary Registration District No. 2161 Registered No. 2777

FULL NAME OF CHILD Dorothy Ella Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 12 1919

	FATHER	MOTHER
FULL NAME	John Perry Murphy	FULL MAIDEN NAME Julia Lick
RESIDENCE	Inkom Idaho	RESIDENCE Inkom, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE		BIRTHPLACE McCammon, Ida
OCCUPATION	Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm Newton

(Physician or midwife)

Address Pocatello Idaho

Filed 9-15 1919 A. P. Reed Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-212-003-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72346

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84 File No. 52

Primary Registration District No. 216 Registered No. 2780

FULL NAME OF CHILD Helen Lucile Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 12th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Miller	FULL MAIDEN NAME	Agnes Beatrice Carson
RESIDENCE	316 N. Arthur Ave. Pocatello, Idaho	RESIDENCE	316 N. Arthur Ave. Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rantoul, Kansas.	BIRTHPLACE	Des Moines, Iowa.
OCCUPATION	Boilermaker.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida

19

Filed Sep 30 1919 P. B. Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 5, 1940. E.W.

MAR 30 1965

238-213-00

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72347

County of Bannock

City of Pocatello

No. 1303 N. Harrison St.

Registration District No. 84

File No. 52

Primary Registration District No. 2161

Registered No. 2781

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	V	2	yes	Sept 13, 1917

	FATHER	MOTHER
FULL NAME	Roseby Leo Virgil Blythe	FULL MAIDEN NAME Mabel Venetta Utter
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	22 (Years)
BIRTHPLACE		Colorado
OCCUPATION	Carpenter	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sep 15 1917 D B Steely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-115 .003-215

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72348

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2782

FULL NAME OF CHILD Robert F. Clothier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 15th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dr. Joseph Vaughn Clothier	FULL MAIDEN NAME	Selma Elaine Sann.
RESIDENCE	1005 N. Garfield Ave. Pocatello, Idaho	RESIDENCE	1005 N. Garfield Ave. Pocatello, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Philadelphia, Pennsylvania	BIRTHPLACE	Binghamton, New York.
OCCUPATION	Eye, Ear, Nose and Throat Specialist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:08 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Albright

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida.

19

Registrar

Filed Sep 30, 1919 J. B. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

cc 10-18-40 mf

APR 10 1944

JAN 22 1952

264-215-003-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72349

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 24 File No. 2

Primary Registration District No. 2161 Registered No. 2783

FULL NAME OF CHILD Idannah Bodine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3	yes	Sept 15 1919

FATHER		MOTHER	
FULL NAME	Carroll Le Roy Bodine	FULL MAIDEN NAME	Eliza Rider.
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 15 1919 (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

Pocatello Ida.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 9-24 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1942

AUG 2 1 1944

395-115-003-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72350

County of Bannock

City of Pocatello

No. 1523 Wilson Ave. St.

Registration District No. ..... File No. 52

Primary Registration District No. ..... Registered No. 2784

Hospital .....

FULL NAME OF CHILD ..... Lindell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1	yes	Sept 15 1919

FATHER	MOTHER
FULL NAME Frank Lindell	FULL MAIDEN NAME Hilma C. Peterson
RESIDENCE North Pocatello	RESIDENCE North Pocatello
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Filed Sep 16 1919 O B Steely

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-116-007-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. St. Anthony's Hospital St

Hospital

Form V. S. No. 11-C—Rev-1-3-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72351

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2785

FULL NAME OF CHILD Stanley Joseph Cleare, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept. 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stanley Joseph Cleare	Helen Newell Latimer
RESIDENCE	534 Fremont St	534 Fremont St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	~~24~~ 26
BIRTHPLACE	Salt Lake City	Galesburg, Ill
OCCUPATION	Merchant	Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles T. Spencer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kane Bldg

Filed Sept. 17 1919

..... Registrar

S-Y CO. 24695

Amended 12-16-59

PLACE OF BIRTH

255-218(007)-695

County of Bannock

City of Pocatello

No. 231 S. 4th Ave. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 72352

Primary Registration District No. 2161 Registered No. 2786

FULL NAME OF CHILD Zelpha Pearl Bennett

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 18, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Richard Smith Bennett	FULL MAIDEN NAME: Lena Pearl French
RESIDENCE: 231 S. 4th Ave.	RESIDENCE: 231 S. 4th Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Utah
OCCUPATION: Laborer - Railroad Yards	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.F. Miller, M.D.

(Physician or midwife)

Address Pocatello, Ida. - Kane Bldg.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 9-24-1919 O.B. Steely

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72352

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Bennett (Name on Original Certificate) who born (Was Born or Died) on Sept. 18, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Zelpha Pearl Bennett
Last Name of Father	Bennet	Bennett

Subscribed and sworn to before me this 10th day of December, 19 59

Ruth A. Stevenson
Notary Public, residing at Twin Falls, Idaho.
My commission expires 1-15-62
(Seal)

Signed Lucy F. Coleman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
269 Park St. Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 19 59

Ruth A. Stevenson
Notary Public, residing at Twin Falls Idaho
My commission expires 1-15-62
(Seal)

Signed Mary B. White.
(Signature of Any Credible Person)
904 Blue Lakes Twin Falls Ida
(Street Address, City, State)

FORM DPH 55.155 CL 9-3-59. nm

L.D.S. Certificate of Baptism & Confirmation, Oct. 2, 1927 gives full name of child as Zelpha Pearl Bennett born Sept. 18, 1919 at Pocatello, Idaho to Richard R. Bennett and Lena Pearl French - viewed by V.S.

Pocatello, Idaho Senior High School Diploma, May 26, 1937 gives full name as Zelpha Pearl Bennett - viewed by V.S.

Death Certificate of Lena Pearl Bennett , Sept. 30, 1919 (mother of this child) death certificate has been signed by Informant - Richard S. Bennett, husband - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-37

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 231 S. 4th Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72352

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2786

FULL NAME OF CHILD Bennett

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	yes	Sept 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Richard Smith Bennet	FULL MAIDEN NAME: Lena Pearl French
RESIDENCE: 231 S. 4th Ave	RESIDENCE: 231 S. 4th Ave.
COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Utah
OCCUPATION: Laborer Rail Road Yds.	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 18 1919 (Born alive or stillborn), at 2.25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Miller MD

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Ida - Kane Bldg.

19

Filed 9-24 1919 [signature] Registrar

Registrar

DEC 16 1959

663119.003-212

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72353

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84

File No. 52

Primary Registration District No. 2161

Registered No. 2787

FULL NAME OF CHILD Robert Julian Foltz.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Sept. (Month) 19th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Jackson Foltz.	FULL MAIDEN NAME	Nina Blanche Baker.
RESIDENCE	522 N. Garfield Ave. Pocatello, Idaho	RESIDENCE	522 N. Garfield Ave. Pocatello, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Buckland, Missouri.	BIRTHPLACE	Quitman, Missouri.
OCCUPATION	O. S. L. Airbrake Inspector.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed 9-24 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265.220.003-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72354

County of Bannock

City of Pocatello Idaho Registration District No. ..... File No. .....

No. 138 N. Hayes St. Primary Registration District No. ..... Registered No. .....

Hospital None

FULL NAME OF CHILD Hazel Rochler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	Sept 20 1917

FATHER		MOTHER	
FULL NAME	Walter Rochler	FULL MAIDEN NAME	Aline Henrietta Baker
RESIDENCE	138 no Hayes	RESIDENCE	138 no Hayes
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pattirson New Jersey	BIRTHPLACE	Pueblo Colo.
OCCUPATION	City Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dean Newton

(Physician or midwife)

Address Pocatello Idaho

Filed 9-24 1917 [illegible] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

AUG 28 1961

255-220-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **72355**

County of Bannock

City of Pocatello, Ida

No. 328 W Custer St.

Hospital

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2789

FULL NAME OF CHILD Bessie Elaine Benson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	Two	Yes	Sept 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel I Benson	FULL MAIDEN NAME	Effie May Wilson
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Engineer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 20 1919, at 11-55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Miller MD

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Ida

19

Filed Nov 1, 1919 P B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1955

DEC 7 1944

592-224.003-895

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **72356**

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2790

FULL NAME OF CHILD Mercedes Eileen Erbe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 24th 1919

FATHER		MOTHER	
FULL NAME	Tadeus Anton Erbe	FULL MAIDEN NAME	Lillian Yingist
RESIDENCE	2302 W. Bannock St., Boise, Idaho	RESIDENCE	2302 W. Bannock St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	St. Louis, Missouri	BIRTHPLACE	St. Joseph, Missouri
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida.

19

Registrar

Filed Sep 30, 1919 O B Steel Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/28/41. w.h.

343-226-003-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

name added 3/30/81

CERTIFICATE OF BIRTH

72357

County of Bonneville

City of Inkom Ida

No. ..... St.

Hospital .....

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2791

FULL NAME OF CHILD Norma Elaine Cutler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	One	yes	Sept 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milvin L Cutler	FULL MAIDEN NAME	Lucy C French
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 26 1919, at 11 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Miller M D
Pocatello Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-24 1917

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-25-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 3 3 10 PM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 72357
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Cutler (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 26, 1919 (Date of Event)

in Inkom (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Norma Elaine Cutler

Subscribed and sworn to before me this 26 day of January, 1981.

Notary Public, Allen D Brown
Residing at Burlington, Washington
My commission expires May 7, 1984
(Seal)

formerly Norma J. Cutler
Norma J. Stuntz
Signature of Applicant

1249 Green Dr #5
Street Address, City, State
Burlington, Wa - 98233

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Norma Elaine Cutler dauhter of Melvin F. Cutler and Carolyn L. French. born Sept 26, 1919 in Inkom, Idaho. Baptized Oct. 2. 1927. viewed by V. S.

Insurance policy from Beneficial Life Ins. Co. gives name of insured as Norma E. Cutler Burgwer dated Oct. 4, 1928. viewed by V. S.

APR 3 1981

391-228-007-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthonys

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72358

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2772

FULL NAME OF CHILD Margaret Katherine Trapp.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	August 28th 1919

FATHER

FULL NAME Reese Edwin Trapp.

RESIDENCE 824 E. Center St. Pocatello, Idaho.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Pocatello, Idaho.

OCCUPATION Supt. of Construction - Northwestern Investment Co.

MOTHER

FULL MAIDEN NAME Katherine Pauline Bohe.

RESIDENCE 824 E. Center St. Pocatello, Idaho.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Monmouth, Illinois.

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) P. B. Steely

(Physician or midwife)

Address Pocatello Idaho

Filed Sept 30 1919

P. B. Steely Registrar

JAN 8 1942

754230-003-435

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72359

County of Bannock

City of Pocatello Registration District No. 84 File No. 2

No. 8 mile north of Pocatello St. Primary Registration District No. 2161 Registered No. 2193

Hospital

FULL NAME OF CHILD SARAH ELIZABETH PEDERSON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	—	—	yes	Sept 30 1919

FATHER	MOTHER
FULL NAME Alfred E. Pederson	FULL MAIDEN NAME Edith M. McNeel
RESIDENCE Ranch north of Pocatello	RESIDENCE Ranch north of Pocatello
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Wisconsin
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 30 1919 O. P. Steely
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 72359

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for unnamed therein who was born on Sept 30. 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Bannock County are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by my own Knowledge prepared on since I am her mother, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Sarah Elizabeth Pederson

Subscribed and sworn to before me this 24th day of August, 1942

J. H. Evans
Notary Public, residing at Pocatello, Idaho

My commission expires Nov 16, 1942
(Seal)

Signed Edith M. Pederson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #1, North, Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am the father of Sarah Elizabeth Pederson

Subscribed and sworn to before me this 24th day of August, 1942

J. H. Evans
Notary Public, residing at Pocatello, Idaho

My commission expires Nov 16, 1942
(Seal)

Signed Alfred E Pederson
(Signature of any Credible Person Other Than Previous Year)

R.F.D. #1 (north) Pocatello, Idaho
(Street Address, City, State)

SEP 1 1942

SEP 2 1942

(18)

296109-001-346

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 72360

No. ..... St.

Primary Registration District No. 903

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Otterbein Siffert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	4	yes	Aug 8 1919

FATHER		MOTHER	
FULL NAME	Edward P. Siffert	FULL MAIDEN NAME	Mary M. Cuppe
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio	BIRTHPLACE	Mo.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

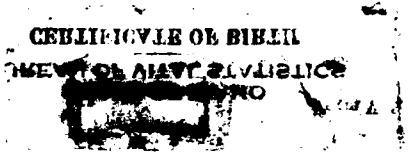
Address Meridian Ada

Filed Oct 9 1919 Alice A. Britton Registrar

MARGIN RESERVED FOR BIND.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-101-001-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 11 — File No.

No. ..... St. — Primary Registration District No. 2003 — Registered No.

Hospital

FULL NAME OF CHILD Lewis Ned Griffith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph William Griffith	FULL MAIDEN NAME	Cora Bell Johnson
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kan
OCCUPATION	bookkeeper	OCCUPATION	housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

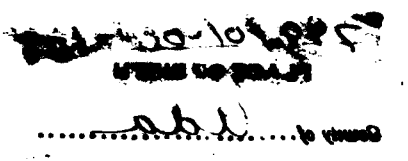
Given names added from a supplemental report.

..... 19.....

Address Meridian, Ida.

Filed Oct. 9 1919 Alice A. Dutton

Registrar — Registrar



SEP 30 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] V. S. No. 11-C—2[redacted]n-9-8-17

STATE OF ID[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF [redacted]TH

72362

County of Canyon

City of Nampa

No. R.W. 2 St.

612-129-014-692

Hospital

Registration District No. 11

Primary Registration District No. 20

File No.

Registered No.

FULL NAME OF CHILD Hue Alexander Wasnum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	9 29 1919

FATHER		MOTHER	
FULL NAME	John W. Wasnum (Wasnum)	FULL MAIDEN NAME	Myrtle E. Wiseman
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ark	BIRTHPLACE	New
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Meridian Idaho

Filed Oct. 9 1919 [illegible]

Registrar

K

[illegible]

[illegible]

[illegible]

231-128-001-986

PLACE OF BIRTH

STATE OF IDAHO
DIVISION OF HIGH STATISTICS
CERTIFICATE OF BIRTH

Form [illegible] 25m-9-8-17

72363

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 201

File No. .....

Registered No. .....

FULL NAME OF CHILD Robert Rhoads Stalker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 28 1919

FATHER		MOTHER	
FULL NAME	Robert G. Stalker	FULL MAIDEN NAME	Bertha E. Rhoads
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Meridian

Filed Oct 4 1919 Alice H. Crutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1967

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF

APR 5 1944

413-216-001-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 72364

No. ..... St.

Primary Registration District No. 2003

Registered No. .....

Hospital .....

FULL NAME OF CHILD Violet Jane Mathews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	9 16 1919

FATHER		MOTHER	
FULL NAME	G. Elmer Mathews	FULL MAIDEN NAME	Katharine Bingman
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed Oct 9 1919 Alice A. Cutter
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1952

395-130-001-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72366

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. L 003

File No. .....

Registered No. .....

FULL NAME OF CHILD Eugene Allen Leineger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas. E. Leineger	FULL MAIDEN NAME	Ethel G. Lant
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Ill
OCCUPATION	Railroad Station Agent	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed Oct. 9 1919 Alice A. Cutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

dup of 1919-298222

253109.001-417

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

File No. 72367

Primary Registration District No. 2003

Registered No. .....

FULL NAME OF CHILD Max Franklin Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R H Bell	FULL MAIDEN NAME	Jessie Maxwell
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Iowa
OCCUPATION	Manager Grain Elevator	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. T. Mal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Meridian Ida

Filed Oct 9 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-31-41

551-106-001-693

PLACE OF BIRTH

County of Ada

City of Nampa

No. R.H. 2 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72368

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Vance W. Neal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 6 1919

FATHER		MOTHER	
FULL NAME	Herbert L. Neal	FULL MAIDEN NAME	Edith M. Wilson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colo
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living alive (Born alive or stillborn), at 7-15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 9 19 Alice A. Crutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-131-001-599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Amended 3/29/76

Registration District No. 11

File No. 72369

Primary Registration District No. 2003

Registered No. .....

FULL NAME OF CHILD Virgil Frank Heffner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	7 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ernest E Heffner	FULL MAIDEN NAME	Helma S. Erickson
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Meridian

Filed Oct. 9 1919 Alice E. Buttar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS

Certificate No. 72369

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Frank Virgil Heffner (Name on Original Certificate) was born on July 31, 1919 (Date of Event)

in Eagle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Frank Virgil Heffner	Virgil Frank Heffner
Mother's Maiden Name	Helma S. Erkson	Helma S. Erickson

Subscribed and sworn to before me this 4th day of March, 1964

Notary Public, residing at Nampa, Idaho

My commission expires Nov 12, 1976

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 2-4-64. nm

MAR 2 9 1976

Photocopy of Marriage License Book # 2649 Page 153 State of California Virgil Frank Heffner born in Idaho age 27 yrs married Dolores Rue Hunsaker Aug. 4, 1946 at Inglewood, County, Los Angeles, California. person Solemnizing marriage , John A. Garrick .
Viewed by VS

Grant Deed Virgil F. Heffner & Dolores R. Heffner, husband and wife as joint tenantsBook 2078 page 522 County of Stanislaus , State of California Parcel 1 Lot 17 Block 1175 of Green Acres and Parcel 2 East half of Lot 5 Block 1179 of Garden Acres. Dated Dec. 30, 1965.
Viewed by VS

Brothers birth certificate Melvin Chilo Heffner born Sept. 2, 1914 at Eagle, Idaho, File # 24930 gives mothers name as Helma Erickson.
Viewed by VS

714.127.001-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72370

County of Ada

City of Boise

No. R.W. 2 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Freddie Gaddie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Loyd S. Gaddie	FULL MAIDEN NAME	Olive V. Nick
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Penn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed Oct. 9 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-226-001-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2003

File No. 72371

Registered No. .....

FULL NAME OF CHILD Elizabeth Edna McAlister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	7 26 1919

FATHER		MOTHER	
FULL NAME	D. C. McAlister	FULL MAIDEN NAME	Mary Alice McClure
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wyo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Meridian

Filed Oct. 9 1919 Alice A. Cutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1965

319-222-001-363

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72372

County of Ada

City of Meridian

No. R-N-1 St.

Hospital

Registration District No. 11

Primary Registration District No. L.O.D.3

File No.

Registered No.

FULL NAME OF CHILD Anna Beth Cairns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	7 22 1919

FATHER		MOTHER	
FULL NAME	Floyd Cairns	FULL MAIDEN NAME	Mable Tolleth
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wis	BIRTHPLACE	Nebr
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-15-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed Oct 9 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 2 2 1972

192-219-008-435

PLACE OF BIRTH

County of Bonn Idaho

City of Pioneerville

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 72373

Primary Registration District No. 2003

Registered No. .....

FULL NAME OF CHILD Ruth Ella Arbaugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	7 19 1919

FATHER		MOTHER	
FULL NAME	Lewis S. Arbaugh	FULL MAIDEN NAME	Mable M. McNont
RESIDENCE	Pioneerville	RESIDENCE	Pioneerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed Oct 9 1919 Alice A. Dutton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319206001-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72374

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 203

File No. .....

Registered No. .....

FULL NAME OF CHILD Genevie Louise Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	7 6 1919

FATHER		MOTHER	
FULL NAME	Joel V. Carpenter	FULL MAIDEN NAME	Elsie May Dunkin
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M.F. Mead

Physician (Physician or midwife)

Address Meridian

Filed Oct 9 19 Ethel A. Cutler Registrar

AUG 4 - 1953

PLACE OF BIR

County of Idaho

City of Kenick

141-201-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72375

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2003

File No. .....

Registered No. .....

FULL NAME OF CHILD Doris Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	7 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lester Lee Adams	FULL MAIDEN NAME	Viola Starr
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed Oct 9 1919 Alice A. Cutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1972
FEB 2 1 2002

613-230-004 792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72376

County of Ada

City of Meridian

No. ..... St.

Registration District No. 11

Primary Registration District No. 203

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Constance Watkins

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	9 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abner D Watkins	Anna Helen Pike
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Indiana	Colorado
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 9 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1 1943

515-221-001-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72377

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2003

File No. .....

Registered No. .....

FULL NAME OF CHILD Roberta Estella Van Court

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	8 21 1919

FATHER		MOTHER	
FULL NAME	Robert S. Van Court	FULL MAIDEN NAME	Ethel Josephine Williams
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ill	BIRTHPLACE	Nebr
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert S. Van Court

Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Registrar

Address Meridian Idaho

Filed Oct 9 1919 Alice A. Coutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-71569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m 3-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72378

County of Valley

City of Arling

No. 366-122-043-367 St.

Registration District No. 15 —

File No.

Primary Registration District No.

Registered No. 222

Hospital

FULL NAME OF CHILD Warren Windsor Loomis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	2	yes	9 — 22 1919

FATHER		MOTHER	
FULL NAME	Clarence Victor Loomis	FULL MAIDEN NAME	Vida Cox
RESIDENCE	Arling	RESIDENCE	Arling
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26 —	AGE AT LAST BIRTHDAY (Years)	24 —
BIRTHPLACE	Nebr.	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 E M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. R. Loomis (Physician or midwife) Nurse

Given names added from a supplemental report.

Address Rosebery, Ida

19

Filed 10-8 1919 Mary McDonald Dept Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12378

E OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

8

State of Idaho } ss.
County of Valley

AUG 28 1941

Certificate No. 72373
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Warren Windsor Loomis (unnamed at time) (Name on original certificate) who born (Was born or died) on Sept 22, 1919 (Date of event)
in Arling, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by certificate on file in Boise (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	unnamed Loomis	Warren Windsor Loomis

Subscribed and sworn to before me this 19th
day of August, 1941

Signed Mrs. Viela Loomis.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Justice of the Peace, Cascade Precinct
Valley County, Idaho

My commission expires
[SEAL]

Roseberry, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of any credible person other than the previous affiant)

Notary Public, residing at .....

My commission expires .....
[SEAL]

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

213-204-1047-498

County of Valley

City of Roseberry

No. ..... St.

Hospital Private

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72379

Registration District No. 15

File No. .....

Primary Registration District No. .....

Registered No. 24

FULL NAME OF CHILD Margaret Balch

Sex of Child female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Sep. 4 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Earl Boyd Balch

RESIDENCE Roseberry Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Lerna Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rebca Rosalie Dryden

RESIDENCE Roseberry Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Wahoo Neb.

OCCUPATION housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born~~ live (Born alive or stillborn) at 3 a.m. on the date above stated.

(Signature) Dr. Mary C Rowland

(Physician or midwife)

Address Salem Oregon

Filed 10 8 1919

Mary McDonald Dept Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-218-043-215

PLACE OF BIRTH

County of Valley

City of Donnelly

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 —

File No. 72380

Primary Registration District No. .....

Registered No. 220

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		3	Yes	9 16 1919

FATHER

FULL NAME: Matti Kangas

RESIDENCE: Donnelly

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Finland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida Kangas

RESIDENCE: Donnelly

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Finland

OCCUPATION: Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.9 M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ina Randa

(Physician or midwife)

Address Donnelly Ida

Filed 10-4 1919 Mary M. Donald Deputy Registrar

S-Y-CO 38071

385-131-043-391

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

Registration District No. 15

File No. 72381

No. ....., ... St.

Primary Registration District No. .....

Registered No. 219

Hospital .....

FULL NAME OF CHILD Robert JACK Lyalls LYELLS

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		yes	8 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Lyall LYELLS	FULL MAIDEN NAME	Stella Craig
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	mechanic	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Choggle Phys

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Cascade Ida

Filed 10—8 1919 Mary McDonald Deptt

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1962

A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Nez Perce)

DELNO DALE LYELLS, being first duly sworn, upon his oath deposes and says:

That he is a resident of Lewiston, Nez Perce County, Idaho, where he has resided since September, 1927; that he is 37 years of age; that his father is Edward Lyells who is now a resident of Emmett, Gem County, Idaho; that his mother was Stella Craig Lyells; that she died at Cascade, Idaho, December 13, 1936; that Robert Jack Lyells, who is a resident of Lewiston, Nez Perce County, Idaho, is a younger brother of this affiant; that said Robert Jack Lyells was born at Cascade, Idaho, on August 31, 1919; that through some error, the name of his said brother in the registration record of his birth in the Bureau of Vital Statistics of the State of Idaho is given as Robert Lyalls and the name of his father is given as Edward Lyall; that this affidavit is made for the purpose of correcting the erroneous spellings in said birth registration record and for the purpose of securing an amended or corrected birth certificate.

Delno Dale Lyells

Subscribed and sworn to before me this 26th day of May, 1942.

Marcus J. Hare

(Seal)

Notary Public in and for said State, residing at Lewiston therein.

JUN 12 1942

MAR 7 1975

294-126-043-231

PLACE OF BIRTH

County of Valley

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

72382

Registration District No. 15

File No.

Primary Registration District No.

Registered No. 218

FULL NAME OF CHILD Harmon Howard Kimball

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		yes	8 (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Kimball	FULL MAIDEN NAME	Minda Slate
RESIDENCE	Cascade Ida	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Shoop G

Phy (Physician or Midwife)

Address Cascade Ida

Given name added from a supplemental report

19

Registrar

Filed 10-8 1919 Mary M. Donald Registrar Dept

S-Y CO., 15668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Valley }

Certificate No. 72382

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Just named Kimball (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 26, 1919 (DATE OF EVENT)
in Valley Co. Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	omitted	Harmon Howard Kimball

Subscribed and sworn to before me this 3rd day of January, 19 43

Notary Public, residing at Cascade Ida

My commission expires Feb 25 1943.
(SEAL)

Signed Minda Slate Kimball
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Arthur W. Kimball
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 27 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH **72383**

PLACE OF BIRTH 152-121-043-234

County of Valley

City of Alpha

No. ....., ... St.

Hospital .....

Registration District No. 15 File No. .....

Primary Registration District No. ..... Registered No. 217

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	8 21 1919

	FATHER		MOTHER
FULL NAME	W M Anspach	FULL MAIDEN NAME	Rose Blue
RESIDENCE	Alpha	RESIDENCE	Alpha
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Penn	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9 Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Moggle

Phys (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Cascade Ida

Filed 10-8 1919 Mary M. McDonald Registrar

Registrar

S-Y CO., 16669

285-215-043-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72384

County of Valley

City of Norwood

Registration District No. 15

File No.

No. St.

Primary Registration District No.

Registered No. 216

Hospital

FULL NAME OF CHILD Lola Valeria Sherrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Sep (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Finice Britendon Sherrell	FULL MAIDEN NAME	Mary Edna Williams
RESIDENCE	Norwood	RESIDENCE	Norwood
COLOR	AGE AT LAST BIRTHDAY 39 (Years)	COLOR	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Mon	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall (Physician or midwife)

Given names added from a supplemental report.

19

Address McCall Ida

Filed 10-8 1919 Mary McDonald Dept Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 194
RECEIVED

893-216-043-819

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Valley

City of McCall

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72385

Registration District No. 15 File No. .....

Primary Registration District No. ..... Registered No. 215

FULL NAME OF CHILD Ruth Esther Hillogos

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl		6	yes	26 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Sanford Hillogos	FULL MAIDEN NAME	Myrtle Minnie Harding
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	AGE AT LAST BIRTHDAY 42 (Years)	COLOR	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address McCall Ida

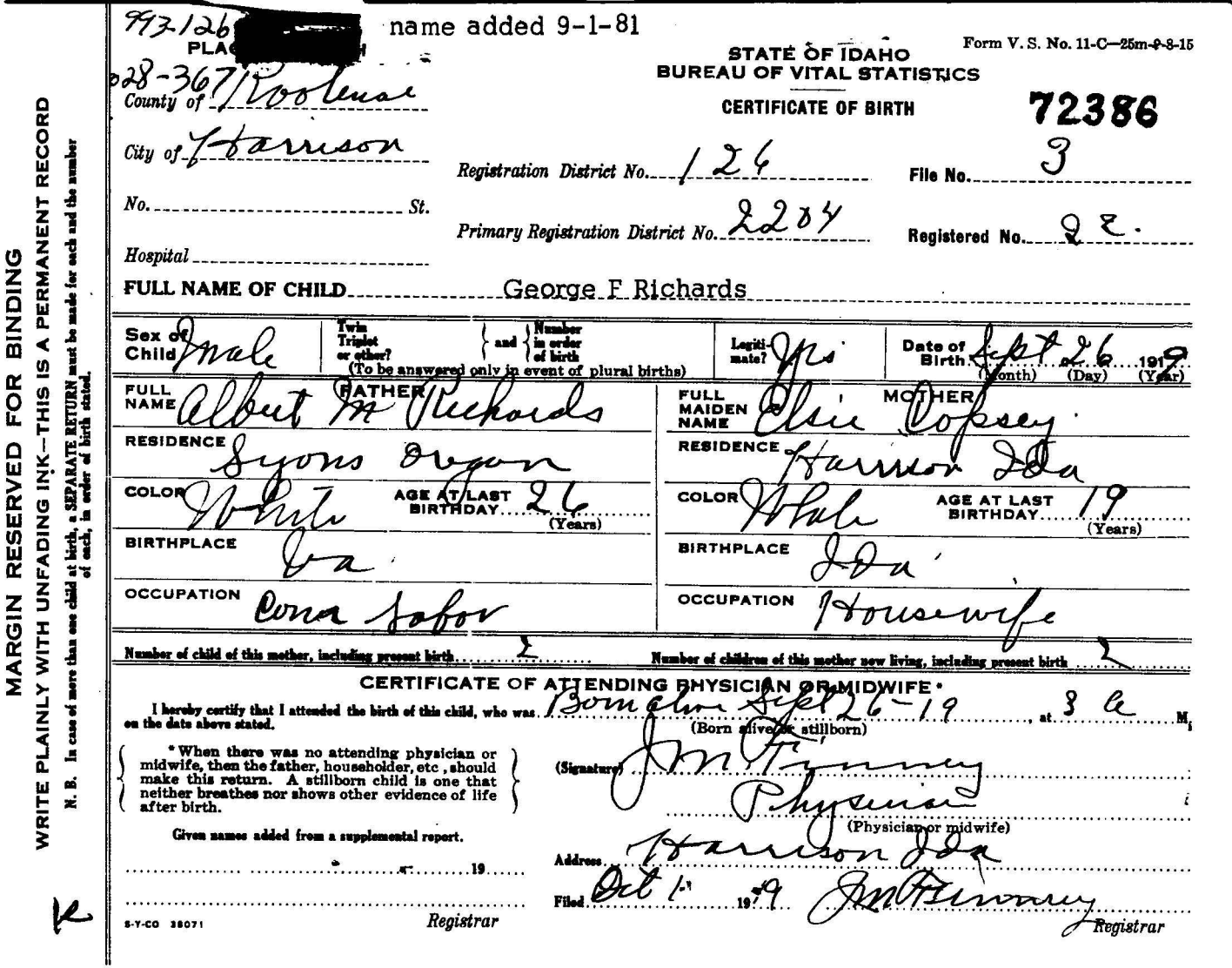
Filed 10-8 1919 Mary McDonald Dept Registrar

8-Y-CO 30071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



993-126 [redacted] name added 9-1-81

PLA[redacted]

028-367

County of Boolense

City of Harrison

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72386

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 22.

FULL NAME OF CHILD George F Richards

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert M Richards	FULL MAIDEN NAME	Elsie Copsey
RESIDENCE	Syons Oregon	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Cons Sabor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 26-19 at 3 a M, on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed Oct 1 1919 J M Finney
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 19 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 72386
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Richards (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-26-19 (Date of Event)

in Harrison (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	George Alvie Franklin Richards

Subscribed and sworn to before me this 20th day of July, 1981.

Notary Public, Irene Hastie
Residing at Hubbard, Oregon 97032
My commission expires 1-19-83
(Seal)

x George Alvie Franklin Richards
Signature of Applicant

x 17115 Hwy 99E NE s/s Hubbard ore
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ~~San Bernardino~~ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of JULY, 1981.

Notary Public, William L. Fletcher
Residing at 7790 SIERRA, FONTANA CA
My commission expires 19 NOVEMBER 1981
(Seal)

Elsie A. Richards.
Supporting Signature

HIGHWAY 139 Merrill Oreg.
Street Address, City, State

1 cc pd

Notarized Statement from Betty Fisher, Records Dept. of Linn-Benton Education Service District gives Annual Census Report from School Dist # 5 Linn County Oregon dated 12-27-32 gives George Richards son of Mrs A.M. Richards , 13 years old at that time. Viewed by V.S.

SEP 1 1981

Discharge from US Army gives George F Richards Honorably dishcharged on 9-5-45 at Fort Lewis WA. Viewed by V.S.

STATE OF CALIFORNIA,

COUNTY OF San Bernardino } ss.

ON 24 JULY, 1981,
before me, the undersigned, a Notary Public in and for said State, personally appeared

ELSIE A. RICHARDS

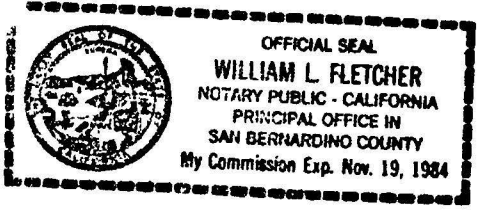
, known to me,
to be the person whose name is subscribed to the within Instrument,
and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

William L. Fletcher

Notary Public in and for said State.

WILLIAM L. FLETCHER



38-215-028-863

PLACE OF BIRTH

County of Kootenai

City of Carlin Bay

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 24

Primary Registration District No. 2204

File No. 72387

Registered No. 21

FULL NAME OF CHILD MARTHA JANE CHADBOURNE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 15 1919

FATHER	MOTHER
FULL NAME Fred Chadbourne	FULL MAIDEN NAME Ora Hollingsworth
RESIDENCE Carlin Bay, Ida	RESIDENCE Carlin Bay, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE N. Y.	BIRTHPLACE Ind.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 15 19 at 6.01 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Flannery

Physician

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 1 19 19 J. M. Flannery Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Kootenai }

Certificate No. 72387

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Martha Chadbourne (Name on Original Certificate) who Born (Was Born or Died) on Sept 15, 1919 (Date of Event)
in Carlin Bay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Martha	Martha Jane Chadbourne

Subscribed and sworn to before me this
day of September 8, 1942
M. C. Saunders
Notary Public, residing at Coeur d'Alene
My commission expires 12/1/45
(Seal)

Signed Ora Francis Chadbourne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 1 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

72388

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

652-110-028-276

City of Harrison

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72388

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 20

FULL NAME OF CHILD DELBERT WARD WEST

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ward N West	FULL MAIDEN NAME	Gertrude Stafford
RESIDENCE	Medimont, Ida	RESIDENCE	Medimont, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 16-19 (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician (Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Oct 5 1919 J M Finney Registrar

S-Y-CO 38071

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 72388
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Ward DelbertWest (Name on original certificate) who born (Was born or died) on September 10,1919 (Date of event)
in Harrison, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by certificate (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed West	Delbert Ward West

Subscribed and sworn to before me this 27 day of November, 1941

M. A. Kiger
Notary Public, residing at Harrison
My commission expires 11/4/42
[SEAL]

Signed Ward N. West.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Redimont Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of November 1941, 19

Notary Public, residing at Harrison
My commission expires 11/4/42
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on NOV 28 1941 By
(Registrar's signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 72588

County of Kootenai } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Ward Delbert West (Name on original certificate) who born (Was born or died) on September 10, 1918 (Date of event)

in Harrison, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by certificate (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed West	Delbert Ward West

Subscribed and sworn to before me this 27 day of November, 1941

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, [illegible])

Notary Public, residing at Harrison

My commission expires [illegible]

(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This affidavit MUST also be executed. (See Chapter 120, 1937 Idaho Session Laws.)]

County of Kootenai

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of November 1941

Signed (Signature of any credible person other than the previous affiant.)

Notary Public, residing at Harrison

My commission expires 11/4/42

(Street Address, City, State)

[SEAL]

Received for filing on By (Registrar's signature)

DEC 3 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

122-128-228-265 name added 4-19-85 dl

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 72389

Primary Registration District No. 2204 Registered No. 19

FULL NAME OF CHILD Eugene Vernon Asbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm B Asbury	Pearl Swezea
RESIDENCE	Harrison Ida	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Mo	Wash.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 28-19 (Born alive or stillborn) at 6 a M. on the date above stated.

(Signature) J M Finney

Physician (Physician or midwife)

Address Harrison Ida

Filed Sept 1 19 48 J M Finney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

K

4-4-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, State, District and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
APR 17 1 15 PM '85
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

Certificate No. 72389
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Asbury (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 28, 1919 (Date of Event)

in Harrison (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Eugene Vernon Asbury

Subscribed and sworn to before me this 11th day of April, 1985

Notary Public, Diana M. McCandless

Residing at Coeur d' Alene

My commission expires August 15, 1987

(Seal)

Eugene Vernon Asbury
Signature of Applicant

487 E Orchard Hayden Lake Idaho 83835
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Kootenai } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 1985

Notary Public, Diana M. McCandless

Residing at Coeur d' Alene

My commission expires August 15, 1987

(Seal)

Frances Fehling
Supporting Signature

1502 N 7th St Coeur D Alene Ida 83814
Street Address, City, State

1 cc pd

Marriage certificate lists Eugene Vernon Asbury and Vivian Lenore Sedy were married Aug 21, 1973 in Coeur d'Alene, Idaho. Viewed by V.S.

Birth Certificate for Elverne Leroy Asbury born Dec 6, 1951 in Coeur d'Alene, father listed as Eugene Vernon Asbury and mother as Erma Eileen Sedy. Viewed by V.S.

APR 1 9 1985

815-124-028-684

Form V. S. No. 11-[illegible]

PLACE OF BIRTH*

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72390

Registration District No. ..... File No. 3

Primary Registration District No. ..... Registered No. 18

FULL NAME OF CHILD Clarence Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arvid Hanson	FULL MAIDEN NAME	Elsie Marie Ohman
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Rancher & laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake, Idaho

Filed Oct 1 1919 J. McKinney

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1966

769-123-028-349

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72391

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 17

FULL NAME OF CHILD Ray Edwin Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 23 1919

FATHER		MOTHER	
FULL NAME	Archie Porter	FULL MAIDEN NAME	Ella E. Turner
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Corn Sabor	OCCUPATION	Housewife

Number of children of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 23-19, at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Emmey

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Harrison Ida

Filed July 1 1919 J M Emmey

Registrar

Registrar

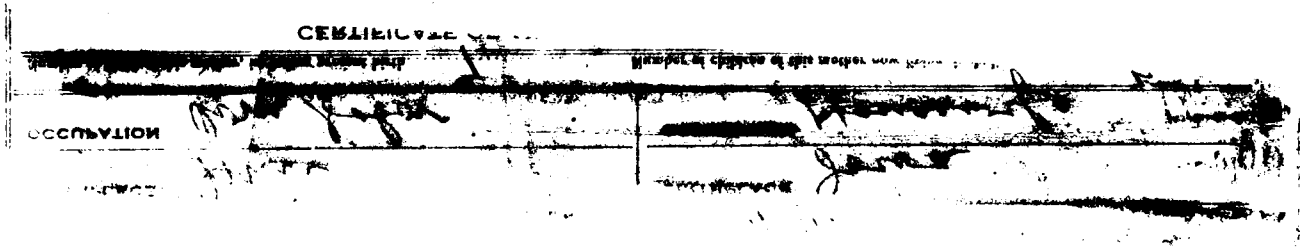
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 25, 19[illegible]. E.W.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-225

PLACE OF BIRTH

029-419

County of Latah

City of Bray

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

72392

Registration District No. 64

File No. .....

Primary Registration District No. 2144

Registered No. .....

FULL NAME OF CHILD Delores Iline Hagan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-		2	yes	Sept 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oli Hagan	FULL MAIDEN NAME	Lizzie Martinson
RESIDENCE	Bray Idaho	RESIDENCE	Bray Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	South Dacota	BIRTHPLACE	Genesee Idaho
OCCUPATION	Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O K Henke

Physician (Physician or midwife)

Given names added from a supplemental report.

Sept 6 25 1919

J E Pickerd
Registrar

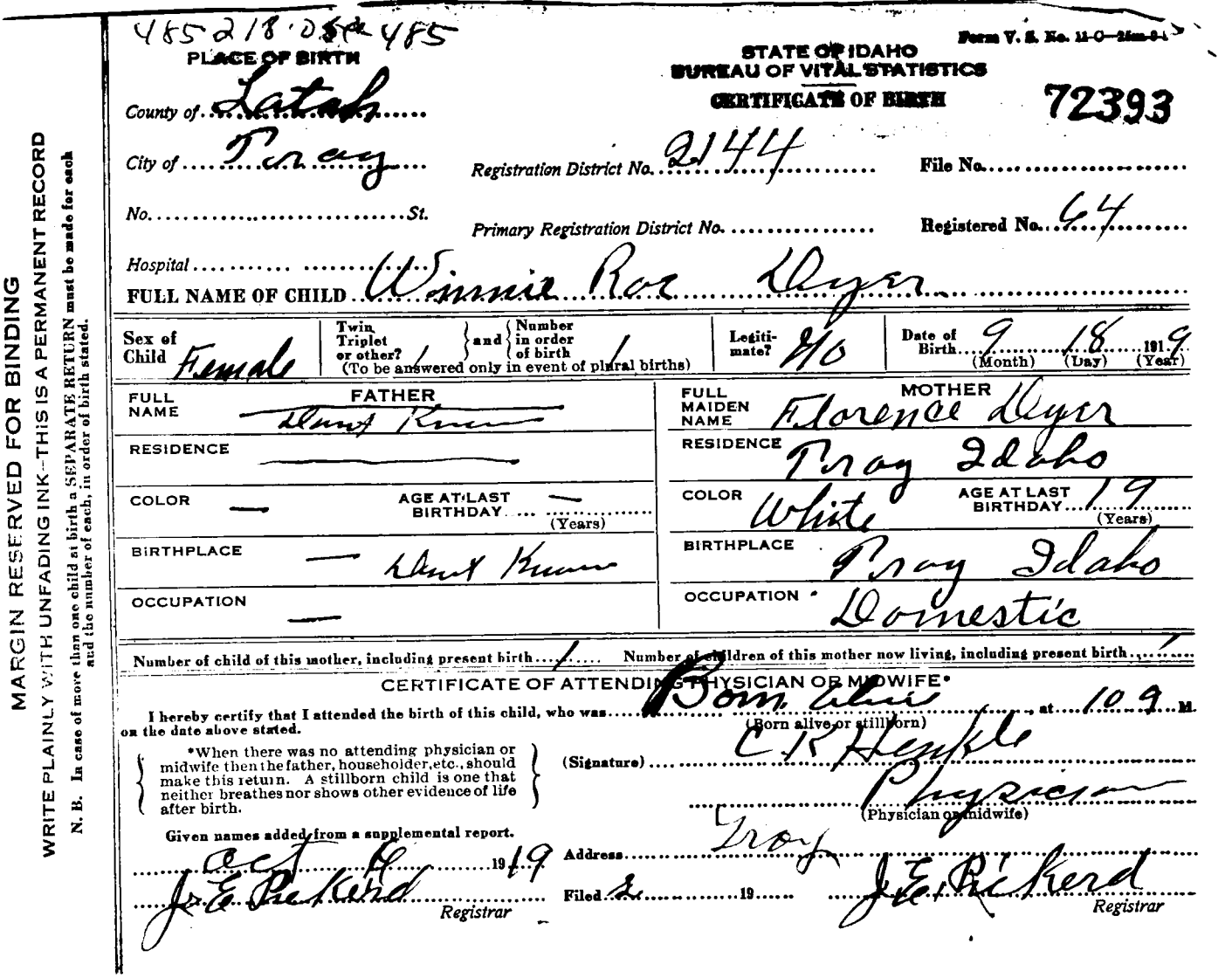
Address .....

Filed Oct 6 1919

J E Pickerd
Registrar

SEP 20 1919

3 1941



485 218.0 SC 485

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72393

County of Latah

City of Troy

Registration District No. 2144

File No.

No. St.

Primary Registration District No.

Registered No. 64

Hospital

FULL NAME OF CHILD Winnie Rae Dyer

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	No	9 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dont Know	FULL MAIDEN NAME	Florence Dyer
RESIDENCE	—	RESIDENCE	Troy Idaho
COLOR	—	COLOR	White
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	— Dont Know	BIRTHPLACE	Troy Idaho
OCCUPATION	—	OCCUPATION	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

Oct 6 1919

J. E. Pickerd
Registrar

Address Troy

Filed 2 19

J. E. Pickerd
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 18 1960

795-22-025-363

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

72394

Registration District No. 103 File No. ____

Primary Registration District No. 1001 Registered No. 46

FULL NAME OF CHILD Lois Elma Gregory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Ferris Gregory	Lucy V. Collins
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Woodman Wis	Trinita Colo
OCCUPATION	Drayman	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

(Signature) F. B. Chipman

Physician

(Physician or midwife)

Address Grangeville Idaho

Filed Oct 7 1919 G. S. Stockton

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1942

OCT 1 1973

dup of 1919-77038

212-117-025-255

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72395

Registration District No. 103 File No. ____

Primary Registration District No. 2181 Registered No. 45

FULL NAME OF CHILD Norman Carlyle Baker

Sex of Child: Male | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Sept. (Month) 17 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Carl Everett Baker	FULL MAIDEN NAME: Margaret Nellie Keeler
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: South Dakota	BIRTHPLACE: Grand Valley S.D.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

(Signature) B. Chipman

Physician (Physician or midwife)

Address Grangeville Idaho

Filed Oct 7 1919 G O Blackburn

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-225-025-995

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

72396

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103

Primary Registration District No. 2181

File No. .....

Registered No. 4

FULL NAME OF CHILD Bertha Rosa Stellinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 25 1919

FATHER

FULL NAME George Stellinger

RESIDENCE Grangeville

COLOR W

AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Zietzels Foger

RESIDENCE Grangeville

COLOR W

AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Germany

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or Midwife)

Address Grangeville Idaho

Filed Oct 1 1919 G S Stockton

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

43-106-025-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 72397

Primary Registration District No. 2181 Registered No. 43

FULL NAME OF CHILD Clifford Stockton McLean

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Garnet W McLean	Edith C Chase
RESIDENCE	Green Creek	Green Creek
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Ontario Can.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Oct 1 1919 G. D. Stockton Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-105-025-152

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72398

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 42

FULL NAME OF CHILD Homer Oral James

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 5 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert M James	Hattie M Jess
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Mo.	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stricklin

(Physician or Midwife)

Address Grangeville Idaho

Filed Oct 1 1917 G S Stricklin Registrar

569-116-042-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72399

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD ROBERT Eugene Norris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Quincy Norris	FULL MAIDEN NAME	Clara Harford
RESIDENCE	Twin Falls - R. F. D.	RESIDENCE	Twin Falls - R. F. D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas R Scott
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls - Ida.

Filed Oct 8 1919 John H. Caughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH ~~BUREAU~~ OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 72399
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Eugene Norris (Name on Original Certificate) who was born (Was Born or Died) on August 16-1919 (Date of Event) in ~~Twin~~ Kimberly Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on at time of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Eugene	Robert Eugene Norris

Undersigned is aunt of Robert Eugene Norris

Subscribed and sworn to before me this 1st day of October, 1943

R. B. Hunt
Notary Public, residing at Twin Falls Idaho

My commission expires July 9-1946
(Seal)

Signed Mrs. J. C. Given
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls Idaho. Rade V.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 1943

Leah Cedarholm
Notary Public, residing at Twin Falls, Idaho

My commission expires Jan. 13, 1947
(Seal)

Signed Quincy Norris
(Signature of Any Credible Person Other Than Previous Year)

Kimberly Ida. R. 1
(Street Address, City, State)

OCT 11 1943

OCT 13 1943

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

712-222-0[illegible]

County of Twin Falls

City of "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

172400

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Janet Pastoor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Pastoor	FULL MAIDEN NAME	Nellie Boss
RESIDENCE	Amsterdam - Ida.	RESIDENCE	Amsterdam - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls - Ida.

Filed Oct 8 1919 John F. Caughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 72400

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Pastoor (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Janet Pastoor

Subscribed and sworn to before me this 10th day of June, 19 75

Notary Public, residing at Twin Falls, Idaho

My commission expires Aug. 21, 1975

(Seal)

Signed Janet Pastoor Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

309 Daisy St. Royal City, Wa 99357
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 19 75

Notary Public, residing at Twin Falls

My commission expires Aug. 2, 1975

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

416 - 6th St. Filer, Idaho 83328
(Street Address, City, State)

FORM DH 60-155 CL 10/2/73 nm

Marriage License and Certi. fom Idaho gives names as Ralph Plank and Janet Pastoor. dated Feb. 22, 1940. viewed by V. S.

SEP 8 1975

Notification of Birth Regist[illegible] Idaho give child's name as James Edward Plank. Born Sept. 13, 1942 at [illegible] Idaho. father's bame given as Ralph Thompson Plank and mother's [illegible] as Janet Pastoor. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] AHO [illegible] Form [illegible]

351-217-027-315

72401

City of ..... Registration District No. 37 ..... File No. .....

No. ..... St. Primary Registration District No. 2085 ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Teater, RUTH MARY TEATER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Paris Teater	FULL MAIDEN NAME	Jesse Land.
RESIDENCE	Eden, Ida.	RESIDENCE	Eden, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Idaho.
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Louchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed Oct 2 1919 John F. Caughlin

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 72401

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Mary Teater

Subscribed and sworn to before me this
day of Sept, 1942

Notary Public, residing at Eden

My commission expires 1/21/1944
(Seal)

Signed Jessie V. Teater
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eden Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at SEP 8 1942

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

[illegible]

SEP 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN of each, in order of birth stated

[redacted] BIRTH

Form V. S. No. 11—25.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72402

[redacted] of Twin Falls

City of Buhl

265-115042-447

No. ____ St.

Registration District No. 37

File No. ____

Primary Registration District No. 2018

Registered No. ____

Hospital ____

Full Name of Child Sonner

Sex of Child: Male | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth one | Legitimate? yes | DATE OF BIRTH Sept 17 1919 (Month) (Day) (Year)

FATHER

FULL NAME Earl V. Sonner

RESIDENCE Buhl, Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Grand Jct. Colorado

OCCUPATION Rancher + Stockman

MOTHER

FULL MAIDEN NAME Stella G. Umphenour

RESIDENCE Buhl, Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Pantier, Ills

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a.m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Alexander
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Twin Falls, Ida

Filed Sep 22 1919 John A. Cam[illegible]
Registrar

[redacted]

Form V. S. No. 11—25m-6-16-18

PLACE OF BIRTH

265-215-042-447

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72403

Registration District No. 37 File No. .....

Primary Registration District No. 2018 Registered No. .....

Full Name of Child Irl V. Sonner, Jr.

SEX OF CHILD Female	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth Two	Legitimate? yes	DATE OF BIRTH Sep (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl V. Sonner	FULL MAIDEN NAME	Stella G. Umphenour
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Grand Jnt. Colorado	BIRTHPLACE	Pontiac, Ill
OCCUPATION	Rancher & Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Alexander
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Ida

Filed Sep 25 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

JUL 13 1945

MAR 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-101-[redacted]9

PLACE O[redacted]

Form V. S. No. 11-C—[redacted]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72404

County of Jerome

City of Eden Ida

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Kenneth James

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	9-1-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Charles S James	FULL MAIDEN NAME	Minnie Harris
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 7 1919 John F Caughlin Registrar

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration Distr

County of .....

City of .....

No. ..... St.

818-107-027-963

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **72405**

County of Jerome

City of Eden Ida

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD ~~Boby~~ Hayes Everett Loran

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George D Hayes	FULL MAIDEN NAME	Bethel Roten
RESIDENCE	Eden Idaho	RESIDENCE	Eden Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hn Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 7 1919 John F Caughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Twin Falls
City of Twin Falls, Idaho
No. 719-120-042-455 St.
(If born in **hospital or institution** give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 State File No. 72406
Prim. Registration District No. 1085 Local Registrar's No.

2. **FULL NAME OF CHILD** Kenneth Reeves Gardner

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term ____	Yes	9-20-19, 193__ (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ernest Roy Gardner	18. Full maiden name: Gertrude Reeves
10. Residence (usual place of abode) (If non-resident, give place and State): Filer, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Filer, Ida
11. Color or race: W | 12. Age at last birthday: 36 (years)	20. Color or race: W | 21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Indianapolis, Indiana	Birthplace (city or place) (State or Country): Birmingham, England
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12:45 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mabel P Drane MD, M. D.

or ____, Midwife

Address Twin Falls, Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed 9-24-19, 193__ John F. Caughlin
Registrar.

Registrar.

136-207.042-914

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

72407

County of....Twin Falls..

City of...Twin Falls.....

No.....St.

Hospital.....Boyd.....

Registration District No. 37.....

Primary Registration District No. 1085.....

File No.....

Registered No.....

FULL NAME OF CHILD.....Allworth.....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Two	Yes	9 9 1919

FATHER	MOTHER
FULL NAME: Arthur Allworth,	FULL MAIDEN NAME: Josephine Raddon
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ohio.	BIRTHPLACE: Salt Lake, Utah.
OCCUPATION: Business Manager Newspaper.	OCCUPATION: Housewife.

Number of child of this mother, including present birth...Two Number of children of this mother now living, including present birth...Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. 9, 1919, at 12 19 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept. 9 1919 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

136-109-042-914
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

72408

County of Twin Falls

City of Twin Falls, Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital Boyd

FULL NAME OF CHILD ARTHUR RADDON Allworth

Sex of Child	Twin, Triplet—, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		One	Yes,	9 9 1919

FATHER	MOTHER
FULL NAME: Arthur Allworth.	FULL MAIDEN NAME: Josephine Raddon
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho.
COLOR: White,	COLOR: White,
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Salt Lake, Utah.
OCCUPATION: Busines Manager Newspaper.	OCCUPATION: Housewife.

Number of child of this mother, including present birth... One Number of children of this mother now living, including present birth... one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. 9th, 1919 12.10 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician.
(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 9 1919 John F. Caughlan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 72408

Date Filed June 16, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Arthur Raddon Alworth (Name on Original Certificate) who was born (Was Born or Died) on November 9, 1919 (Date of Event)
in T win Falls, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Arthur Raddon Alworth

Subscribed and sworn to before me this 16th
day of June, 1942

E. H. Mann
Notary Public

Notary Public, residing at Los Angeles, California

My commission expires My Commission Expires April 4, 1946.
(Seal)

Signed Arthur Alworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Father

2367 W. 21st St, Los Angeles, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of June, 1942

E. H. Mann
Notary Public

Notary Public, residing at Los Angeles, California

My commission expires My Commission Expires April 4, 1946.
(Seal)

Signed Mrs. Josephine A. Alworth
(Signature of Any Credible Person Other Than Previous Year)
Mother

2367 W. 21st St, Los Angeles, Calif
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-215-042-199

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72409

County of Twin Falls

City of " "

No. _____ St.

Registration District No. 27 File No. _____

Primary Registration District No. 1085 Registered No. _____

Hospital _____

Full Name of Child ~~Jeannette Dickerson~~ FRANCES JEANETTE DICKERSON

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female				yes	Sept. 16 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry C. Dickerson	Jeanne Smith
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Kansas	Pa
OCCUPATION	Accountant	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John F. Caughlin

Physician
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 16 1918 John F. Caughlin
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of KLAMATH } ss.

Certificate No. 72409

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Jeannette Dickerson who was born on September 15, 1919 in Twin Falls, Idaho are ~~erroneous or~~ were omitted; and that, to the best of ~~his~~ her knowledge, the true facts are shown by personal knowledge prepared on , are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jeannette	Frances Jeanette Dickerson

Subscribed and sworn to before me this 23rd. day of September, 19 43

J. W. Merritt

Notary Public, residing at Klamath Falls, Oregon

My commission expires Jan. 26, 1946

(Seal)

Signed Mrs Jean Mayo Dickerson (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

203 Washington St., Klamath Falls, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP

SEP 27 1943

353-107-042-381

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72410

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No.

No. 238 5th Ave. E. St. — Primary Registration District No. 1085 — Registered No.

Hospital Twin Falls County

FULL NAME OF CHILD John Eugene Lechleiter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept. 2 1919

FATHER	MOTHER
FULL NAME: Frank G. Lechleiter	FULL MAIDEN NAME: Mary Chandler
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Lincoln Ill.	BIRTHPLACE: Grand Junction Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Wilson, Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 6 1919 John L. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/7/4. RMF

JUL 19 1973

291-110-042-759

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7241

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1858

Registered No.

Hospital County

FULL NAME OF CHILD Robert Ellsworth Brasfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bryant Lester Brasfield	Louisa Marie Basinger
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Swansea, Ill.	Rushville, Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. K. Scott

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Sept 21 19 19 John F. Caughlin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Jan. 22, 1941. M.W.

DEC 1 1942

DEC 3 1942

K-3-01

753-123-242-249

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72412

County of Twin Falls

City of " " Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD ALBERT CARL Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 23 1909

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis A Peterson	Lillian L Smithen
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Denmark	Utah
OCCUPATION	Thresher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T B Watson

(Physician or Midwife)

Address Twin Falls Ida

Filed Oct 7 1909 John H Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. JAN 31 1942 Certificate No. 72412

County of Benton } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Albert Carl Peterson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 23, 1919 (DATE OF EVENT)

in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on September 23, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Peterson	Albert Carl Peterson

Subscribed and sworn to before me this 29th day of January, 1942

Notary Public, residing at Prosser, Wash.

My commission expires Oct 7, 1945 (SEAL)

Signed L C Peterson (father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Prosser, Washington

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 31 1942 By

(REGISTRAR'S SIGNATURE)

FEB 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-128-042-249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72413

County of Twin Falls

City of " "

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Baby Neal Roy R.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 28 1919

FATHER		MOTHER	
FULL NAME	John A Neal	FULL MAIDEN NAME	Anna Smith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housf

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Masson

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida

19

Registrar

Filed Oct 7 1919 John F Caughlin Registrar

MAR 20 1968

666 212 042-669

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 72414

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Wood

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	9 — 12 — 191 9

FATHER		MOTHER	
FULL NAME	Hosea Wood	FULL MAIDEN NAME	Cecil Workman
RESIDENCE	Twin Falls R 7 S	RESIDENCE	Twin Falls R. 7 S
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. M. Leete

Twin Falls Ida (Physician or midwife)

Address .....

Filed Oct 7 1919 John H. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH
713230:042-689
County of Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72415

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Wilma Ethel Patrick.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	✓		✓	yes.	Sept 30 1919

FATHER		MOTHER	
FULL NAME	Frank W. Patrick	FULL MAIDEN NAME	Ora E. Whittington
RESIDENCE	Twin Falls - Idaho.	RESIDENCE	Twin Falls - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Tazwell Co - Ill.	BIRTHPLACE	Morris Co. Kans
OCCUPATION	Stockman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 34 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. [illegible] Physician

(Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 8 19 19 John H. Cavanaugh Registrar

S-Y-CO 38071

AUG 27 1943

556222042-391

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

Registration District No. 27

Primary Registration District No. 1085

File No. 72416

Registered No. .....

FULL NAME OF CHILD Josephine Elvira Newton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9/22/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Merle Melvin Newton	FULL MAIDEN NAME	Mabel Cranmer
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kennedy, N.Y.	BIRTHPLACE	Phila., Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clonchek
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Ida.

Filed Sep 24 1919 John F. Coughlin
Registrar

3/5/41 L. B.

845-213-042-215

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

72417

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Jane Huether

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ludwig R. Huether	FULL MAIDEN NAME	Marie Sandau
RESIDENCE	Twin Falls - R.F.D.	RESIDENCE	Twin Falls - R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	South Dakota
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls - Ida.

Filed Oct 8 1919 John F. Caughlin

Registrar

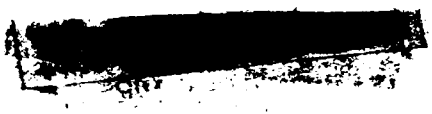
Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



231-130-042-962

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72418

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital Foy Alexander

FULL NAME OF CHILD Blackburn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred Blackburn	FULL MAIDEN NAME	Lamar Roberts
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida

Registrar

Filed Oct 6 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1962

395-228-042-113

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72419

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... Livengood.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9-28 - 9

FATHER	MOTHER
FULL NAME: Otto C. Livengood,	FULL MAIDEN NAME: Minnie Viola Jackson
RESIDENCE: Twin Falls, Idaho,	RESIDENCE: Twin Falls, Idaho
COLOR: White	AGE AT LAST BIRTHDAY (Years): 34
COLOR: White	AGE AT LAST BIRTHDAY (Years): 26
BIRTHPLACE: Kansas,	BIRTHPLACE: Idaho.
OCCUPATION: Truck driver,	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:05 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Meade

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed Oct 6 1917 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1968

713-104-042-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72420

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Billie Leroy Patrick,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep. 4- 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar L Patrick	FULL MAIDEN NAME	May Newcomb.
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa,
OCCUPATION	Farmer,	OCCUPATION	Housewife,

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Idaho.

Filed Oct 6 1919 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 72420
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Patrick (Name on original certificate) who was Born (Was born or died) on Sept. 4 - 1919 (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Records (Bible record, insurance policy, etc.) prepared on in September 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Patrick	Billie Leroy Patrick

Subscribed and sworn to before me this 3rd day of November, 19 41

N. B. Smith

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1942

[SEAL]

Signed E L Patrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mrs E L Patrick

Twin Falls Idaho Route 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 1941

N. B. Smith

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1942

[SEAL]

Signed E L Patrick - father
(Signature of any credible person other than the previous affiant.)

Twin Falls Idaho Route 1
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-1 14042-599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72421

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Keith Willis Okleberry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep. -14- 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin L Okleberry.	FULL MAIDEN NAME	Matilda K. Erickson.
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah,	BIRTHPLACE	Sweeden,
OCCUPATION	Farmer,	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho.

Filed Oct 6 1919 John H Caisey Jr Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 72421

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of 14 sept 1919 (Birth or Death) for Keith Willis Okleberry (Name on Original Certificate) who 14 sept 1918 (Was Born or Died) on 14 sept 1918 (Date of Event) in Twin Falls City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by My Family Record Book (Bible Record, Insurance Policy, Etc.) prepared on as soon as heard of the event (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Keith Willis Okleberry
Keith Willis Okleberry		Keith Willis Okleberry
14 sept 1919		14 sept 1919

Subscribed and sworn to before me this 3. day of Aug 1942.

Ed W Little Justice of the Peace
Notary Public, residing at Eden Idaho.

My commission expires
(Seal)

Signed Martin Lorenzo Okleberry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Aug 1942.

Ed W Little Justice of the Peace
Notary Public, residing at Eden Idaho

My commission expires
(Seal)

Signed Paul L Okleberry
(Signature of Any Credible Person Other Than Previous Year)

Box 83 Eden Idaho
(Street Address, City, State)

AUG 10 1942

AUG 1 2 1942

583-222-042-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72422

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Ehlers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep. 22- 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil J. Ehlers,	FULL MAIDEN NAME	Marie Matthiesen
RESIDENCE	Eden, Idaho,	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon,
OCCUPATION	Farmer.	OCCUPATION	Housewife,

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

..... 19.....

Filed Oct 6 1919 John F. Coughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-228-042-792

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72423

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Hagler, Ivy Juanita

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
~~Yes~~ F			Yes	Sep. 28 19 9

FATHER	MOTHER
FULL NAME ~~Thompson~~ Wm. T. Hagler,	FULL MAIDEN NAME Ivy May Gibson,
RESIDENCE Twin Falls, Idaho	RESIDENCE Twin Falls, Idaho
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE South Dakota,	BIRTHPLACE Okla.
OCCUPATION Auto Mechanic	OCCUPATION Housewife,

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Thane

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 6 19 49 John H. Caughlan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1965

Certified copy issued 2-4-1941. dp

719-219-042-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls,

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 72424

Registered No. .....

FULL NAME OF CHILD Barbara Ethel Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edmond Parker	FULL MAIDEN NAME	Ethel M. Burke
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho,
OCCUPATION	Laborer.	OCCUPATION	Housewife,

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Maver

Physician, (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

..... 19 .....

Filed Oct 6 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1966

133-229-042-281

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 5-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72425

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Naomi Mae Allbright.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sep. 29 1929

FATHER	MOTHER
FULL NAME: Chas. B. Allbright.	FULL MAIDEN NAME: Bonnie C. Shaw
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas,	BIRTHPLACE: Kansas,
OCCUPATION: Chauffeur,	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Physician,
(Physician or midwife)

Address Twin Falls, Ida.

Filed Oct. 1 1929 John F. Caughlin Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 72425

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed Allbright (Name on Original Certificate) who was born (Was Born or Died) on September 29, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Allbright	Naomi Mae Allbright

Subscribed and sworn to before me this 19 day of September, 1962

J R Maaney Jr.

Notary Public, residing at Pocatello, Idaho

My commission expires 8-5-63

(Seal)

Signed Charles B. Allbright

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Father

Pocatello Idaho 1755 No. Main

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of September, 1962

J R Maaney Jr.

Notary Public, residing at Pocatello, Idaho

My commission expires 8-5-63

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Confirmation and Baptism, Issued by L. D. S. Church, baptized December 29,1951. Gives name of baptized as Naomi Mae Allbright. Viewed by V. S.

Own child's birth certificate on file Idaho, File #50-4357, gives name of child Bonnie Kay Bullock and name of mother as Naomi Mae Allbright. Child born April 10, 1950. Viewed by V. S.

SEP 3 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-112-042-317

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72426

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Walter Cagel Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 12 1919

FATHER		MOTHER	
FULL NAME	Walter Chester Palmer	FULL MAIDEN NAME	Mollie Cagel
RESIDENCE	Kimberly, Ida	RESIDENCE	Kimberly, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	——

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed Oct 2 1919 John L. Caughlin Registrar

..... Registrar

FEB 27 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-[illegible]1042-242

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 338 4th av W. St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72427

Registration District No. 31

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD IRENE JENNIE ~~Czarnecki~~ CZARNECKI

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John ~~Czarnecki~~ CZARNECKI	FULL MAIDEN NAME	Henryka Busnicki
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Poland	BIRTHPLACE	Poland
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

19

Filed Oct 2 1919 John F. Caughlin Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of City and San Francisco }

Certificate No. 78427
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for IRENE JENNIE CZARNECKI (Name on original certificate) who was born (Was born or died) on September 14, 1919, (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Czarnecki	Irene Jennie Czarnecki

Subscribed and sworn to before me this 21st day of May, 1942.

Mary H. Farrell
Notary Public, residing at San Francisco, Cal.
My commission expires May 14, 1946.
[SEAL]

Signed Irene Jennie Czarnecka Eyre
(Signature of parent or attendant if correcting a birth record; if attendant, funeral director, informant if correcting a death record; or other credible person.)
614 Tenth Ave., San Francisco, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on JUN 8 1942 By
(Registrar's signature)

JUN 1 0 1942

NOV 2 6 1973

JUL 1 1 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(155-216-1042-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 72428

No. 210 Blue Lakes Blvd. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Margaret Estelle Mee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 15 191 9

FATHER		MOTHER	
FULL NAME	James L. Mee	FULL MAIDEN NAME	Estelle Smith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Michigan	BIRTHPLACE	New York
OCCUPATION	Sect. T. J. Dehydrating Co	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Filed Oct. 2, 19 19 John T. Carrington

Registrar

DEC 1 1950

FEB 20 1970

5/27/41 L. B.

755-221-042-613

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72429

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Gentry Marie Dess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Sept 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur B Gentry	FULL MAIDEN NAME	Hattie Walker
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ark.	BIRTHPLACE	Ark
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Glouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed Oct 2 1919 John F. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 6 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
OCT 17 11 53 AM '73

State of Oregon } ss.
County of Deschutes }

Certificate No. 72439

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gentry (female) who was born on Sept. 21, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Marie Dess Gentry

Subscribed and sworn to before me this 15th day of October, 1973.

Notary Public, residing at Oregon

My commission expires 1-8-76

(Seal)

Signed Mrs. Juanita Maddox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

61 Farrell Rd. Bend, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

CL 9/14/73 1cc pd. rec. # 25127

FORM DH 60-155

Marriage Certif. from ORegon gives groom's name as John A. Engebretsen and the bride's name given as Marie Dess Gentry. Dated Oct. 23, 1937. Viewed by V. S.

OCT 24 1973

Insurance Policy from U.S. Fidelity and Guaranty Co. (Gilbert's Inc. Agency) gives insured's name as John A. Engebretsen and Marie D. Engebretsen. Dated 7-7-65. Viewed by V. S.

313-123-042-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72430

County of Twin Falls

City of R F D I

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Gordon Horne Cathro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Cathro	FULL MAIDEN NAME	Eliza Strathdee
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Filed Oct 2 1919 John F. Caughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-230-2

PLACE OF BI[illegible]

County of Twin Falls.

CERTIFICATE OF BIRTH

72431

City of .....

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie May Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes.	Sept 30 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Franklin Johnston	Alta Voorhees
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Dentist	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

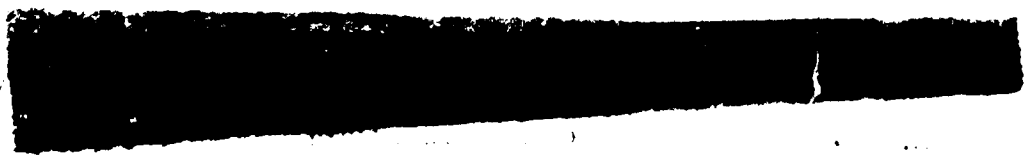
(Signature) [illegible] Physician

(Physician or midwife)

Address [illegible]

Filed Oct 2 1919 John L. Carstens Registrar

[redacted]



MAY 22 1956

NOV 13 1958

MAY 20 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-125-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72432

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD McKinney Reuben Delbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Sept 25 1919

FATHER		MOTHER	
FULL NAME	Lemuel L. McKinney	FULL MAIDEN NAME	Stella M Binker
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Idaho

Filed Sept 2 1919 John F. Caughlin

Registrar

SEP 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles

Certificate No. 72432
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed McKinney (Name on original certificate) who was born (Was born or died) on Sept. 25, 1919 (Date of event)
in Hansen, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McKinney	Reuben Delbert McKinney

Subscribed and sworn to before me this 18th
day of September, 1941.
K. Egan
Notary Public, residing at 5304 Wilshire Blvd. Los Angeles
My commission expires
[SEAL]

K. EGAN, NOTARY PUBLIC
My Commission Expires October 1, 1944

Signed George D. Drubo
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
754 So. Brunside Ave. Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of September, 1941.
K. Egan
Notary Public, residing at 5304 Wilshire Blvd. Los Angeles Calif.
My commission expires
[SEAL]

K. EGAN, NOTARY PUBLIC
My Commission Expires October 1, 1944

Signed Carl J. Dossett
(Signature of any credible person other than the previous affiant.)
1200 Highview Ave Manhattan Beach, Calif.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

AMENDED 12-10-57

PLACE OF BIRTH

238-207042-967

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Registration District No. 37 File No. 72433

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Arletta Sly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 7, [redacted] 1919

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Claude Sly	FULL MAIDEN NAME: Lena Rogers
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Real Estate	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) H. W. Clouchek

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed 10-2-1919 [redacted] John F. Caughlin
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
SEP 12 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls

Certificate No. 72433

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Claude Sly (Female) (Name on Original Certificate) who born (Was Born or Died) on Sept. 7, 1919 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by # 299473 (Bible Record, Insurance Policy, Etc.) prepared on Marriage License (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Claude Sly	Arletta Marie Sly

Twin Falls 10-26-38 shows only first name viewed by v.s.

Subscribed and sworn to before me this 21st day of August, 19 57

Notary Public, residing at Twin Falls, Idaho
My commission expires 3-12-58
(Seal)

Signed Lizzie F. Sly
265 Van Buren St Twin Falls, Ida
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

265 Van Buren St Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of August, 19 57

Notary Public, residing at Twin Falls, Idaho
My commission expires 1-12-58
(Seal)

Signed Lora B. Sutmiller
(Signature of Any Credible Person)

625 3rd Ave East Twin Falls, Idaho
(Street Address, City, State)

FORM DPH 55.155

231

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72433

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Claude Sly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Sept 7 1919

FATHER		MOTHER	
FULL NAME	Claude Sly	FULL MAIDEN NAME	Lena Rogers
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white AGE AT LAST BIRTHDAY 39 (Years)	COLOR	white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Real estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 38 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Sondek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed Oct 2 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 11 1967

817-230-629-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72434

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

Primary Registration District No. 2442

File No. .....

Registered No. 23

FULL NAME OF CHILD META EMMA LOUISA HAGENAH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
2	—		—	Yes	Feb 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gus Hagenah	FULL MAIDEN NAME	Emma Rosemann
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feb 30 1919 W. H. Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Lane } ss.

Certificate No. 72434

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Meta Emma Louisa Hagenah (Name on Original Certificate) who Born (Was Born or Died) on Sept. 30, 1919 (Date of Event)
in Genesee Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Trinity Lutheran Genesee Ida (Bible Record, Insurance Policy, Etc.) prepared on Octo or Nov. 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Meta Emma Louisa Hagenah
Meta Emma Louisa Hagenah		

Subscribed and sworn to before me this 21st day of February, 1942

Jessie B. Sterne
Notary Public, residing at Eugene, Oregon

My commission expires Jan 19- 1946
(Seal)

Signed Mrs Martha Pittman Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Division R.R. Vaneva, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 27 1963

DEC 24 1963

249-230-029-789

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72435

Registration District No. 62

File No. .....

Primary Registration District No. .....

Registered No. 22

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
4	—		—	Yes	Sept 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm W Burr	FULL MAIDEN NAME	Laura Phiffs
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Mauretown Mark
OCCUPATION	Realestate Agt	OCCUPATION	Housewife

Number of child of this mother, including present birth ....1.... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehem

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-30 1919 W H Ehem

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7.1968

954-203-029-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72436

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No.

No. St.

Primary Registration District No.

Registered No. 21

Hospital

FULL NAME OF CHILD Ermola Rose Reushausen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Sept 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C W Reushausen	FULL MAIDEN NAME	Gladys Wilson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Ehrin

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Genesee

Filed 9-3 1919 C W Ehrin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G-25m-8-8.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
595-1916-013-141

County of Gamas

City of 9 Miles E of Fairfield

name added 10/4/84 lh

Registration District No. 58th

File No. 72437

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Franklin Morris Nielson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 16 1919

FATHER		MOTHER	
FULL NAME	Oliver Chas Nielson	FULL MAIDEN NAME	Lydia Adams
RESIDENCE	Fairfield	RESIDENCE	Fairfield
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Fairfield Idaho

Filed Sept 19 1919 L Wilencheck

Registrar

Registrar

K

2 22 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 4 1 55 PM '84

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 72437

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nielson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1919 (Date of Event)
in Camas County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Nielson	Franklin Morris Nielson

Subscribed and sworn to before me this 11th day of September, 1983

Notary Public, residing at Wendell

My commission expires Jan. 1, 1985
(Seal)

Signed Lydia G. Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September, 1983

Notary Public residing at Wendell

My commission expires Jan. 1, 1985
(Seal)

Signed Irma Nielson Prince
(Signature of Any Credible Person)

Susanville Cal. 96130
(Street Address, City, State)

245 2nd St.

FORM DH 60-155

OCT 4 1984

Church record of Blessing from LDS Church gives name as Franklin Morris Nielson born Sept. 16, 1919 in Idaho to Oliver C. Nielson and Lydia Adams. Blessed Oct. 5, 1919
Viewed by V.S.

LDS Church record of Baptism gives name as Franklin Morris Nielson born 16, Sept 1919 at Camas Co., Idaho to Oliver C. Nielson and Lydia Adams. Baptised on July 7, 1928.
Viewed by V.S.

Family record of birth obviously old - written by mother gives name as Franklin Morris Nielson born 16 Sept. 1919 in Camas Co., Idaho to Oliver Charles Nielson and Lydia Adeline Adams.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-125-013-493

PLACE OF BIRTH

[redacted] C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Corral

Registration District No. 58th

File No. 72438

No. 3 Miles W. of Corral St.

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD SAM COLLIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William J. Collis	FULL MAIDEN NAME	Mable C. McCause
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Australia	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield Idaho

19

Filed Sept 25 1919 L Wilencheck

Registrar Registrar

K

[redacted]

AUG 2 4 1943

242-228-213-450

PLACE OF BIRTH

[redacted]

County of Camas

City of Soldier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—Mar. 8-8-17

72439

CERTIFICATE OF BIRTH

Registration District No. 58th

File No. .....

Primary Registration District No. 2138

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Busenkell	FULL MAIDEN NAME	Angie Meuhirter
RESIDENCE	Soldier, Idaho	RESIDENCE	Soldier, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Willencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Fairfield, Idaho

Filed Oct 6 1919

L. Willencheck
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-130-1013-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Camas

City of Hill City

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72440

Registration District No. 58th

Primary Registration District No. 7138

File No. .....

Registered No. .....

FULL NAME OF CHILD Wayne Russell Harrison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Sept 30 1919

FATHER

FULL NAME: George Washington Harrison

RESIDENCE: Hill City, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: United States

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Gelda R. Young

RESIDENCE: Hill City Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho

Filed Oct 6 1919 L Wilencheck Registrar

APR 8 1949

219-230-013-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Camas

City of Coral

No. 3 M. South St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

72441

Registration District No. 58 d

Primary Registration District No. 2138

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Clarence Barrow	Laura Lloyd
RESIDENCE	Coral Idaho	Coral Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Pa	Pa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3d. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 6 1919

L Wilencheck Registrar

517-206-003-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72442

County of Bannock

City of Pocatello

Registration District No. 84 File No. 52

No. ..... St.

Primary Registration District No. 2161 Registered No. 2794

Hospital St. Anthonys

FULL NAME OF CHILD Mary Harriet Valentine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				July 6 1917

FATHER

FULL NAME Carl A. Valentine

RESIDENCE 605 So 7th

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Rourne, Bornholm, Denmark.

OCCUPATION Banker.

MOTHER

FULL MAIDEN NAME Alma A. Nielsen

RESIDENCE 605 So 7th

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ogden Ut.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) ..... (Physician or midwife)

Address Pocatello Idaho

Filed Oct 4, 1917

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

[redacted]

JUL 2 3 1969

869-231-003-783

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72443

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2795

FULL NAME OF CHILD Violet Gracie York

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				July 31 19

FATHER		MOTHER	
FULL NAME	Henry York	FULL MAIDEN NAME	Martha Pyle
RESIDENCE	1705 Wilson Ave	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Pall Mall Tenn	BIRTHPLACE	Forbus Tenn
OCCUPATION	Machinest	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed Oct 4 19 19 [signature] Registrar

363-103-003-946

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72444

County of Bannock

City of McCammon

~~No.~~ R.F.D. ~~St.~~

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2796

Hospital

FULL NAME OF CHILD Frank Erwin Tolin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles L. Tolin,	FULL MAIDEN NAME	Marie Rufenacht
RESIDENCE	McCammon, Ida.	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Clay City Kentucky	BIRTHPLACE	Canton, Ohio.
OCCUPATION	Farm Laborer	OCCUPATION	Teacher

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Hartwigsen M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address McCammon, Ida.

.....19.....

Filed Oct 4, 1919 O B Keeley

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1972

JUN 27 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-130-003-736

PLACE OF BIRTH

Form V. S. No. 11-Q—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72445

County of Bannock

City of Robin

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Clayton Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lewis G. Allen,	FULL MAIDEN NAME	Clara Glover,
RESIDENCE	Robin, Idaho.	RESIDENCE	Robin, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lewiston, Utah.	BIRTHPLACE	Robin, Idaho.
OCCUPATION	Farmer.	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1145 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 ...

Address McCammon, Ida.

Filed Oct 4, 1919 O B Keeg

Registrar

Registrar

FEB 4 1960

349-202-003-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72446

County of Bannock

City of Pocatello, Ida

Registration District No. 84 File No. 52

No. 545-S-Hayes St.

Primary Registration District No. 2161 Registered No. 2798

Hospital

FULL NAME OF CHILD ~~[illegible]~~ ~~[illegible]~~ Phyllis La Vancia Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
3	3rd	Yes	Sept. 2, 1919

FATHER		MOTHER	
FULL NAME	Geo. Cleveland Curtis	FULL MAIDEN NAME	Aurora Maculay
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Carpenter	OCCUPATION	Hsewf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:a:M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Oct 4, 1919 O B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1954

MAY 12 1954

632-204-003-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72447

County of Bannock

City of Arano

No. ..... St.

Hospital .....

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2749

FULL NAME OF CHILD Anna Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Olsen	FULL MAIDEN NAME	Luella Morton
RESIDENCE	Arano, Ida	RESIDENCE	Arano, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Weston Ida	BIRTHPLACE	Weston, Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1115 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartwigsen, M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mr Cammon, Idaho

Filed Oct 4 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 2 7 1975

385-163-003-794

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72448

County of Bannock

City of Pocatello Sda.

Registration District No. 84 File No. 52

No. ..... St.

Primary Registration District No. 2161 Registered No. 2800

Hospital .....

FULL NAME OF CHILD J. Harrison Lynn Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Harrison Lynn	FULL MAIDEN NAME	Gladys Grimes
RESIDENCE	440 West Hayden	RESIDENCE	440 West Hayden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mississippi
OCCUPATION	Phy & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:09 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Phy & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Sda

Filed Oct 4 1919 O B Sacks

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1953

346-217-003-749

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72449

County of Bannock

City of Pocatello Ida

Registration District No. 84 File No. 2

No. ..... St.

Primary Registration District No. 2161 Registered No. 2801

Hospital .....

FULL NAME OF CHILD ~~Not named~~ YOLANDA CUOIO

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vito Cuoio	FULL MAIDEN NAME	Filomena Guido
RESIDENCE	500 East Centre	RESIDENCE	500 East Centre
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyman

Phy & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Oct 4, 1919 O. B. Reed

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 72489

Date Filed June 10, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Yolanda Cuoio (Name on Original Certificate) who born (Was Born or Died) on September 17, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Babtismal record (Bible Record, Insurance Policy, Etc.) prepared on 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Yolanda Cuoio

Subscribed and sworn to before me this 10th day of June, 1943

Notary Public, residing at Pocatello, Idaho

My commission expires 11-5-45
(Seal)

Signed Vita Cuoio
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

134 North Fourth - Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 1943

Notary Public, residing at Pocatello, Idaho

My commission expires 11-5-45
(Seal)

Signed Nabba R. Warren
(Signature of Any Credible Person Other Than Previous Year)

1028 North Garfield - Pocatello, Idaho
(Street Address, City, State)

K

JUN 16 1943

296-109-003-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72450

County of Bannock

City of Pocatello

Registration District No. 84 File No. 52

No. ..... St.

Primary Registration District No. 2161 Registered No. 2802

Hospital .....

FULL NAME OF CHILD Harry Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept. 9 1919

FATHER		MOTHER	
FULL NAME	John Henry Brown	FULL MAIDEN NAME	Anne Briscoe
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Haydock, Lancastershire, England
OCCUPATION	Pipefitter	OCCUPATION	Hswf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Ida

..... Registrar

Filed Oct 4 1919 P B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76 6 201 003 389

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72451

County of Bannock

City of Pocatello

Registration District No. 84 File No. 52

No. ..... St.

Primary Registration District No. 2161 Registered No. 2803

Hospital .....

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		yes	Sept. 1, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Wm. Goodding	FULL MAIDEN NAME	Zola Christensen
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ida
OCCUPATION	Carpenter	OCCUPATION	Hsw f.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Lyam

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Ida

Filed Oct 4 1919

O B Steel
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

413-217-093-955

No. 128 North 11 Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar. 6-5-47

72452

Registration District No. 84

File No. 52

Primary Registration District No. 2161

Registered No. 2804

FULL NAME OF CHILD Vivian Mathews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Sept. 17 1919

FATHER		MOTHER	
FULL NAME	Arthur Thomas Mathews	FULL MAIDEN NAME	Hannah ~~Mathews~~ Iverson
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Paradise Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed Oct 4, 1919 [signature]

Registrar

K

FEB 1 2 1943

455-219-003-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72453

County of Bannock

City of Pocatello

Registration District No. 84 File No. 52

No. ..... St.

Primary Registration District No. 2161 Registered No. 2805

Hospital .....

FULL NAME OF CHILD Mot Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		?	Sept. 19 1919

FATHER		MOTHER	
FULL NAME	Earl W. Dell	FULL MAIDEN NAME	Pearl Maxine Dart
RESIDENCE	Delta Utah	RESIDENCE	Mc Gill Nevada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Missouri	BIRTHPLACE	Pocatello Ida
OCCUPATION	Sugar Chemist	OCCUPATION	Dressmaker

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Alive or stillborn) at 9.30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lynn Bros. Hosp.

Filed Oct 4 1919 O B Steel

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-222-003-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72454

County of Bonneville

City of Pocatello

No. ..... St.

Registration District No. 84 File No. 52

Primary Registration District No. 2101 Registered No. 2806

Hospital

FULL NAME OF CHILD John Pauline Stubbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Bert Stubbs	FULL MAIDEN NAME	Grace Westwood
RESIDENCE	833 N. Wyatt Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Steamfitter Helper.	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth ... first ... Number of children of this mother now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive; at 4 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) J. H. Lynn M.D.

Physician
(Physician or midwife)

Address Pocatello Idaho.

Filed Oct 4, 1919 O. B. Steed
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

791-123 [redacted]

003-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72455

County of Bannock

City of Pocatello

Registration District No. 87

File No. 2

No. ..... St.

Primary Registration District No. 2161

Registered No. 2807

Hospital St. Anthony

FULL NAME OF CHILD John Collins Prater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Sept 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. J. Prater	FULL MAIDEN NAME	Roberta Pearl Thompson
RESIDENCE	Pocatello. Ida	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	South Wales. England	BIRTHPLACE	Jobs. Ohio
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Oct 4, 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

697123 1003-316

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72456

County of Bannock

City of Pocatello

No. 658 N. 6th St.

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2808

Hospital

FULL NAME OF CHILD Cecil Wigginton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept. 23 1919

FATHER		MOTHER	
FULL NAME	Claude H. Wigginton	FULL MAIDEN NAME	Minerva A. Lawson
RESIDENCE	658 N. 6th Ave	RESIDENCE	658 N 6th Ave
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Mississippi
OCCUPATION	Fireman O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Oct 2, 1919 P. B. Leese

Registrar Registrar

AUG 5 1965

693-127-003-386

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 555 N. 4th St.

Registration District No. 84 File No. 72457

Primary Registration District No. 2161 Registered No. 2809

Hospital

FULL NAME OF CHILD Arthur Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Effie B. Williams	FULL MAIDEN NAME	Annisha Thomas
RESIDENCE	555 N. 4th	RESIDENCE	555 N. 4th
COLOR	Black	COLOR	Blk
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Boiler maker Helper O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed Oct 2, 1919 O. B. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-201-003-719

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 355 N. 7th St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72458

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2810

FULL NAME OF CHILD Baby Talbot MARY LYNN TALBOT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	Oct. 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence C. Talbot	FULL MAIDEN NAME	Marie S. Garbett
RESIDENCE	355 N. 7th. St.	RESIDENCE	355 N. 7th St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Salt Lake City.
OCCUPATION	auto-salesman.	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn M.D.

Lynn Brothers Hospital (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed Oct 4, 1919 P. B. Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8

PLACE OF BIRTH

155-183-003-331

County of Bannock

City of Pocatello

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72460

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2812

FULL NAME OF CHILD Chris Alfred Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christ. P. Jensen	FULL MAIDEN NAME	Ivy L. Clark
RESIDENCE	1518 No Harrison	RESIDENCE	1518 No Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Boiler Maker	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

Physician R. Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Lynn Bro Hospital Pocatello Idaho

Filed Oct 4, 1919 O. T. Bateel Registrar

S-Y-CO 38071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1518 N Harrison
(d) Name of Hospital or Maternity Home: 1518 North Harrison
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1518 N Harrison
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Chris Alfred Jensen

5. Date of Birth of Child (Month, day, year) Oct. 3, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chris Petter Jensen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hounshouse (City or town) Denmark (State or foreign country)
14. Exact Occupation Boiler Maker
15. Industry or Business Employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ivie Louie Clark
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Fayette (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6-4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 1/2 years, and that Doc Clark (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ivie Louie Clark Jensen Allen Signature
635 So 6 ave Pocatello Idaho P.O. Address

Subscribed and sworn to before me this 20th day of Feb., 1942
(SEAL) [signature] Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

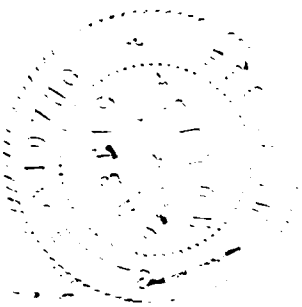
MAR 3 1942

copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



353107-005-353

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Form V, S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 32

File No. 72461

Primary Registration District No. 2049

Registered No. 63

Full Name of Child John Henry Leland

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ole Frederick Leland	FULL MAIDEN NAME	Mabel D Leland
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Norway	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Clonewall

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Oct 6 1919 H E Hunt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1960

239120-005-238

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St.Maries

No. ..... St.

Registration District No. 32 File No. 72462

Primary Registration District No. 2049 Registered No. 63

Hospital .....

FULL NAME OF CHILD David Straub

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sep 20 191.9

FATHER	MOTHER
FULL NAME: Harry Straub	FULL MAIDEN NAME: Katherine Schierman
RESIDENCE: St.Maries	RESIDENCE: St.Maries
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6th. Number of children of this mother now living, including present birth 6th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 4 1919 H E Smith

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1945

893.116.005-415

PLACE OF BIRTH

Form V. S. No. 16-C—Rev-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72463

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. .....

Registered No. 61

FULL NAME OF CHILD Ward Clayton Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sep 16 1919

FATHER	MOTHER
FULL NAME: Arthur C. Hill	FULL MAIDEN NAME: Lillie Davis
RESIDENCE: Benewah Co.	RESIDENCE: Benewah Co.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Pullman, Wash.	BIRTHPLACE: Pomeroy, Wash.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2nd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Smith M.D.

Physician (Physician or midwife)

Address St. Maries, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 1 1919 H. E. Hunt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.ESERVED FOR BINDING

15

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72463

[illegible] BIRTH

County of Benewah

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72463

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hill (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1919 (Date of Event)
in Malies, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ward Clayton Hill

Subscribed and sworn to before me this 18th day of November, 19 71

Notary Public, residing at Willits, Cal

My commission expires March 29 1972

(Seal)

Signed Lillie Mae Hines (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

180 E Oak Ave Willits Calif
(Street Address, City, State)

OFFICIAL SEAL FERN M. DESKINS NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN MENDOCINO COUNTY My commission expires MAR 29 1972

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 11/15/71 nm

Certificate from U. S. Naval Air Gunners School gives name as Ward Clayton Hill Slc V-6. Dated November 18, 1944. Viewed by V. S.

JAN 1 1 1972

Honorable Discharge from U.S. Navy gives name as Ward Clayton Hill, Aviation Radioman Third Class USNR. Dated May 1, 1946. Signed by W. E. Martin, Captian USNR, Commanding. Viewed by V. S.

315-202-005-29 b

PLACE OF BIRTH
amended 9-28-81

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72464

County of Benewah

City of Fernwood — Registration District No. 32 — File No.

No. ..... St. — Primary Registration District No. 2049 — Registered No. 60

Hospital .....

FULL NAME OF CHILD ..... Irene May ..... LaVigne

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sep 2 1919

FATHER	MOTHER
FULL NAME: A.T.LaVigne	FULL MAIDEN NAME: Kathrine Bromfield
RESIDENCE: Fernwood	RESIDENCE: Fernwood
COLOR: white — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: England
OCCUPATION: Lumber-grader	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd. Number of children of this mother now living, including present birth: 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C B Smith M.D.

Physician
(Physician or midwife)

Address StMaries Idaho.

Filed Oct 1 1919 H E Smith Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BOISE
VITAL STATISTICS
APR 10 9 41 PM '74

Affidavit to Correct an Original Certificate of Birth or Death

State of Idaho } ss.
County of Benewah

Certificate No. 72464

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed LaVigne (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2, 1919 (Date of Event)
in Fernwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	X Irene May Lavigne
Sex of Child	Male	Female

Subscribed and sworn to before me this 7th day of March, 1974

Notary Public, residing at Pierce Idaho
My commission expires Feb 15, 1976
(Seal)

Signed Martha Ingold LaVigne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Fernwood (this now deceased)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1974

Notary Public, residing at Pierce, Ida
My commission expires Feb 15, 1976
(Seal)

Signed Margaret Rinehart
(Signature of Any Credible Person)
Box 236 Pierce Idaho 83546
(Street Address, City, State)

FORM DH 60-155 CL 6-8-67. nm

State of Idaho Cert of Birth gives Gary Michael Hanson born to Walter Alfred Hanson and Irene May Lavigne on 4-20-57 in St. Maries, state file # 57-4031. Viewed by V.S.

SEP 28 1981

State of Idaho Cert. of Birth for Bill Charles Hanson born 2-19-45 in St. Maries, to Walter Alfred Hanson and Irene May Lavigne state file #402557. Viewed by V.S.

St. Maries high school gives Irene Lavigne born 9-2-19 to AL Lavigne, attended years 1933-1937, graduated 5-26-37. Signed by District Secretary School District # 41 at St. Maries, ID Viewed by V.S.

351.101.005-418

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. _____ St.

Hospital St. Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 32

File No. 72465

Primary Registration District No. 2049

Registered No. 59

Full Name of Child John Woodrow Leaf

SEX OF CHILD: M	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? Yes	DATE OF BIRTH: Sept 1 (Month) (Day) 19 (Year)	

FATHER

FULL NAME: Chas. Wm. Leaf

RESIDENCE: St. Maries

COLOR: White — AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Real Estate Agent

MOTHER

FULL MAIDEN NAME: Anna Belle Day

RESIDENCE: St. Maries

COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: House wife

Number of child of this mother, including present birth: 5 — Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Leverwall

(Physician or ~~midwife~~)

Address St Maries

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 3, 1919 N E Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

957.128.032-795

PLACE OF BIRTH

No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72466

County of Lincoln

City of Jerome

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017 (2017)

Registered No.

Hospital

FULL NAME OF CHILD Simmond Ingals

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Ingals	Eva Greene
RESIDENCE	Jerome	Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) E. D. Pyle M. D.

(Physician or midwife)

Address Jerome

Filed Oct 7 1919 E. D. Pyle

Registrar

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-127027-1849

PLACE OF BIRTH

Form V. [redacted] n-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72467

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Primary Registration District No. 17-201 Registered No.

Hospital Home

FULL NAME OF CHILD Fredrick Howard Yarnum.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		1 ST	Yes	Sept. 27 19 19

	FATHER	MOTHER
FULL NAME	Fredrick Cyrus Yarnum	FULL MAIDEN NAME Genevieve Genevieve Gungly
RESIDENCE	Jerome.	Jerome
COLOR	White	Wh.
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Michigan	Mo.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 40 P. M. on the date above stated.

(Signature) Dr. E D Piper

(Physician or midwife)

Address Jerome, Ida.

Filed Oct. 7 19 19 Dr. E D Piper Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 2 8 1942

249-225-227-559

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 72468

No. ..... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital Home

FULL NAME OF CHILD .....

Sex of Child	~~Twin Triplet~~ or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			2nd	yes.	Sept 25 1919.

FATHER		MOTHER	
FULL NAME	William Conrad Smith	FULL MAIDEN NAME	Grace Lucile Vernum
RESIDENCE	Oregon.	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon.	BIRTHPLACE	Mich.
OCCUPATION	Foreman.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller

Jerome, Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Jerome, Ida.

Filed Oct 2 1919 Dr. E D Piper

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-293333

795-206-027-259

Form V. S. No. 11-C--25m-7-21-19

72469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

~~Hospital~~ Home

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child 4. ~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 3 (To be answered only in event of plural births) Legitimate? Yes. Date of Birth Oct (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ivan Green	FULL MAIDEN NAME	Ruth Kersey
RESIDENCE	Jerome	RESIDENCE	Jerome.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. D. Piper.

Jerome.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Jerome, Ida.

Filed Oct 7 1919 Dr. E D Piper
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-129-027-312

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72470

Registration District No. 23 File No. .....

Primary Registration District No. 1942-201 Registered No. .....

FULL NAME OF CHILD Boy Russell David Peterson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Boy					Sept 29 1919

FATHER		MOTHER	
FULL NAME	John H Peterson	FULL MAIDEN NAME	Maude C Cashell
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	House Keeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Dr B A Price

(Physician or midwife)

Address Jerome Idaho

Filed Oct 7 1919 Dr. E D Piper Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

12/26/40 L. B.

313-121-027-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 85 File No. 72471

No. ..... St.

Primary Registration District No. 1012-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Willis Wm Dervene, Talley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Leg	Sept 21 1919

FATHER		MOTHER	
FULL NAME	Russel W Talley	FULL MAIDEN NAME	Emma B Wardel
RESIDENCE	Eden	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Eden
OCCUPATION	Farmer	OCCUPATION	house keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Jerome, Idaho

Filed Oct 2 1919 Dr E D Piper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-102-027-63

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72472

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Boy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Oct 2 1919

FATHER		MOTHER	
FULL NAME	A W Nelson	FULL MAIDEN NAME	Almina Wallton
RESIDENCE	[illegible]taugh	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	H

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price

(Physician or midwife)

Address Jerome, Ida

Given names added from a supplemental report.

_____ 19__

Registrar

Filed Oct. 7 1919 Dr. E. D. Piper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-112-027-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72473

County of Jerome

City of Hazelton Registration District No. 53 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Robert Morris Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Morris Murphy	FULL MAIDEN NAME	Jessie Venorah Wheat
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Topeka, Kansas	BIRTHPLACE	Genesee
OCCUPATION	Farmer	OCCUPATION	Farmer wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B A Pi[illegible]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Jerome, Idaho.

Filed Oct. 7 1919 Dr E. D. Piper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-213-027-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72474

County of Gooding

City of Eden Registration District No. 23 File No.

No. St.

Primary Registration District No. 827-217 Registered No.

Hospital

FULL NAME OF CHILD Anita Clarice Phillips

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) Sept (Day) 13 1919 (Year)
Girl					

FATHER

FULL NAME: Geo W Phillips

RESIDENCE: Eden

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Kan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Myrtle Parratt

RESIDENCE: Eden

COLOR: white AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Ark

OCCUPATION: house keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. on the date above stated.

(Signature) Dr B A Price

(Physician or midwife)

Address Jerome, Idaho.

Filed Oct 1 - 1919 Dr. E D Piper Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

APR 24 1942

MAY 23 1945

MAY 4 1942

DECEASED

964-127-020-193

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Registration District No. 35

Primary Registration District No. 2021

File No. 72475

Registered No. .....

FULL NAME OF CHILD William ~~Astlow~~ ASKLOW ~~Rogers~~ RODGERS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	2	yes	Sept. 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin Hanson ~~Rogers~~ RODGERS	FULL MAIDEN NAME	Dorothy C. Astlow
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Foreman O.S.L.R.R. Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Sept. 27 1919 at 10 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Oct. 1st 1919 J. W. Davis
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. Bureau of Vital Statistics

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72475

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

NOV 13 1942

ASKLEM RECORDS

Country of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHIEF .....

Sex of child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male		2		Jul 27 (Month) (Day) (Year)

(To be answered only in event of plural birth)

	FATHER	MOTHER
FULL NAME	[illegible]	[illegible]
FULL MAIDEN NAME		
RESIDENCE	[illegible]	
COLOR		
AGE AT LAST BIRTHDAY		
BIRTHPLACE	[illegible]	
OCCUPATION	[illegible]	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.

(Exact date of birth)

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed ..... 19 .....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arkansas } ss. Certificate No. 72475
County of Sebastian } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Asklow Rodgers (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1919 (Date of Event)
in Glenns Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 3, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Rogers	Rodgers
Name	Wm. Astlow	Wm. Asklow Rodgers

Subscribed and sworn to before me this 4th
day of November, 1942
Fred Ferguson
Notary Public, residing at Fort Smith Ark
My commission expires 5/26/45
(Seal)

Signed Ben H. Rodgers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
100 No 11th St Fort Smith Ark
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arkansas } ss.
County of Sebastian }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of November, 1942
Fred Ferguson
Notary Public, residing at Fort Smith Ark
My commission expires 5/26/45
(Seal)

Signed R. K. Rodgers
(Signature of Any Credible Person Other Than Previous Year)
1206 Garison Ave
(Street Address, City, State)
Fort Smith Ark

NOV 13 1942

[redacted]

242-224 e20-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72476

County of Elmore

City of Elmore's Ferry — Registration District No. 35 — File No.

No. ..... St. — Primary Registration District No. 2021 — Registered No.

Hospital

FULL NAME OF CHILD Helen Lewis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single (and)	4	yes	Sept. 24 (Month) (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter M. Lewis	FULL MAIDEN NAME	Blanche Allen
RESIDENCE	Elmore's Ferry Idaho	RESIDENCE	Elmore's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Switchman U.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) Sept. 24 1918, at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Elmore's Ferry Idaho

Filed Sept. 28 1918 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1967

315-114-020-191

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Registration District No. 35 File No. 72477

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Tamotsu Tanaka

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	3rd Single	Yes	Sept 14th 1919

FATHER	MOTHER
FULL NAME Asagoro Tanaka	FULL MAIDEN NAME Fsano Araki
RESIDENCE Glenns Ferry Idaho	RESIDENCE Glenns Ferry, Idaho
COLOR Japanese AGE AT LAST BIRTHDAY ..... (Years)	COLOR Japanese AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Cook	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Harris M.D.
Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Filed Sept 14 1919 J. W. Harris M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-2.39:041-897

Amended 9-7-62

(Be sure the information is complete and accurate)

State File No. 72478

Local Reg. No. 27

Reg. Dist. No. 77

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Teton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Teton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ella b. (Middle): c. (Last): Thompson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Aug. (Day) 29, (Year) 1919

FATHER OF CHILD

7. FULL NAME a. (First): Wilford b. (Middle): W. c. (Last): Thompson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Bessie b. (Middle): c. (Last): Higgins

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Caroline Rammell

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Tetonia, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 10, 1919

20. REGISTRAR'S SIGNATURE: Martha Marker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? ... [ ] ... [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72478

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Thompson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 29, 1919 (Date of Event)

in Tetonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ella Thompson
Full Maiden Name of Mother	Bessie Higgings	Bessie Higgins

Subscribed and sworn to before me this 4 day of Sept., 1962

Lewis C. Manning

Notary Public, residing at Pocatello, Idaho

My commission expires Dec. 24, 1962

(Seal)

Signed Bessie Higgins Thompson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

139 Wayne Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of Sept., 1962

Lewis C. Manning

Notary Public, residing at Pocatello, Idaho

My commission expires Dec. 24, 1962

(Seal)

Signed Juanita H. Loveland

(Signature of Any Credible Person)

706 No. 8th Bonnapt Pocatello Idaho

(Street Address, City, State)

FORM DH 60-155

CL 8-29-62. one copy pd. rec. #15961.

State of Utah Certificate of Marriage, County of Cache, married Feb. 3, 1938 at Logan, Utah gives full name of groom as Joseph H. Ritchie and full name of bride as Ella Thompson - viewed by V.S.

Woman's Benefit Association Policy, dated April 14, 1941 gives full name of insured as Ella Thompson Ritchie, beneficiaries are given as Bessie Gray Barnes and Waite D. Barnes, mother & Step-father - policy No.702100½ - viewed by V.S.

State of Utah Marriage Certificate, County of Cache, married Sept. 29, 1909 at Logan, Utah gives full name of groom as Wilford Woodruff Thompson and full name of bride as Bessie Gray Higgins - viewed by V.S.

Divorce Papers, District Court of Salt Lake County, State of Utah, dated March 27, 1926 gives plaintiff as Bessie Thompson and defendant as Wilford W. Thompson, one child's full name is given as Ella Thompson, age 6 years - viewed by V.S.

Application for Employee Annuity Uncer the Railroad Retirement Act, officially filed June 28, 1948, Pocatello Branch Office, Florence Durant, Clerk - copy of original - gives full name as Waite Durward Barnes, gives wifes full maiden name as Bessie Gray Higgins - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72478

City of Telonia — Registration District No. 77 — File No. 27

No. ____ St. — Primary Registration District No. 2176 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Baby Thompson

Sex of Child: female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Aug 29 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Wilford N. Thompson

RESIDENCE: Telonia

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Bessie Huggings

RESIDENCE: Telonia

COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6 — Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 a M. on the date above stated.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Address Telonia Ida

Filed Sept 10 19[illegible] Martha Marsher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

.... Registrar

S-Y CO. 24656

[redacted]

[redacted]

SEP 7 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72479

OF BIRTH

499-107-241-249

County of Peters

City of Driggs

Registration District No. 77 File No. 28

No. ..... St.

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD Cleon Howard Driggs

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	2nd	Yes	Aug 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Byron D. Driggs	FULL MAIDEN NAME	Ruth Smith
RESIDENCE	Driggs Ida	RESIDENCE	Driggs, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Drug Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs Idaho

Filed Sept 10 1919 Martha Marker Registrar

K

366-221-041-415

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72480

County of Teton

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 77 File No. 29

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Rhoda Taft House

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
7			yes	Aug - 21 - 19

FATHER

FULL NAME: Geo F Taft House
RESIDENCE: Driggs
COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)
BIRTHPLACE: Utah
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ellen M Davidson
RESIDENCE: Driggs
COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Utah
OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hazen H Culbertson
(Physician or midwife)

Address Driggs

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 20 1919 Martha L Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

App. for National Public Service Insurance Policy, Sept. 15, 1948 gives name as Rhoda Lofthouse Thomas - Thomas Married Name - Mother & Father's Names also given on App. as George F. and Ellen M. Lofthouse - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

and Idaho Marriage License, August 12, 1949 gives name as Rhoda Lofthouse - viewed by V.S.

Certificate No. 72480

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lofthouse (Name on Original Certificate) who born (Was Born or Died) on Aug. 21, 1919 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rhoda Lofthouse

Subscribed and sworn to before me this 12 day of February, 1959

Fred Strong

Notary Public, residing at Driggs Idaho

My commission expires March 7-1962.

(Seal)

Signed Ellen M. Lofthouse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5 & 2nd Sts. Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of February, 1959.

Fred Strong

Notary Public, residing at Driggs Idaho

My commission expires March 7-1962.

(Seal)

Signed B. J. Hullmer
(Signature of Any Credible Person)

Driggs Idaho
(Street Address, City, State)

FORM DPH 55. 155

MAR 30 1959

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72481

City of Driggs
No. 397-115 Old-867 St.
Registration District No. 77
Primary Registration District No. 2176
Hospital
File No. 30
Registered No.

Full Name of Child DERREL RAY Tippets

SEX OF CHILD	Twin, Triplet or other? (and) Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		yes	Aug 15 19

FATHER		MOTHER	
FULL NAME	Robert Tippets	FULL MAIDEN NAME	Irene Hochstrasser
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 05 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hugo H. Culbertson
Physician (Physician or midwife)
Address Driggs Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Sept 20 1917 Martha Marker
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 11—[illegible]-43

STATE OF IDAHO
[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]

PLACE OF BIRTH

County of [redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [redacted] } ss.

County of BUTTE }

Certificate No. [redacted]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) BIRTH

for DERREL RAY TIPPETS (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on 15TH AUGUST 1919 (DATE OF EVENT)

in DRIGGS, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by FAMILY RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on AUG. 15, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Tippets	Derrel Ray Tippets
name of father	Robert Tippets	Robert Tippets

Subscribed and sworn to before me this 4TH day of MARCH, 19 42

Notary Public, residing at ARCO, IDAHO.

My commission expires MAY 23RD, 1942.

(SEAL)

Signed Irene Tippets MOTHER

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

ARCO, IDAHO

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 6 1942 By

(REGISTRAR'S SIGNATURE)

V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

lace Birth

City Driggs Idaho.

Street and House No.

County Teton

Registered No. 30

Registration Dist. No. 77

of Child Male

e of Birth Aug 15 1919
MONTH DAY YEAR

ner Robert Tippets
FULL NAME

her Irene Hochstrausser
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Darrell Ray Tippets
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER

Mrs Martha Marker
LOCAL REGISTRAR

MAR 1 6 1942

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

247-228-04-817

County of Ada

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72482

Registration District No. 77 File No. 33

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD FRANCES BUTLER

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	Yes	Sept 26 (Month) (Day) 19 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orel Vincent Butler	Elvira Hopkins
RESIDENCE	Driggs, Ida.	Driggs Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) Mrs. Martha A. Marker

(Physician or midwife)

Address Driggs Ida

Filed Oct 2nd 1917 Mrs Martha A. Marker

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-21-44

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

7242

Place of Birth

City Driggs, Idaho

Street and House No.

County Teton

Registered No. 33

Registration Dist. No. 77

Sex of Child Female

Date of Birth Sept 28 1919
MONTH DAY YEAR

Father Uriel Vincent Butler
FULL NAME

Mother Elvira Hopkins
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Francis Butler
GIVEN NAME IN FULL SURNAME

as reported by Elvira H. Butler
FATHER OR MOTHER

Mrs. Martha Marker
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

63-2715-04-693

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 17-1-25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72483

Registration District No. 77 File No. 32

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Dell Walter Oliver

Sex of Child	Twin, Triplet or single	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	2	Yes	Sept 15 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Walter Oliver	Lillian Wilson
RESIDENCE	Driggs Ida	Driggs, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Kansas	Utah
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas M Marker

Physician

(Physician or midwife)

Address Driggs Ida

Filed Oct 2nd 1917 Mrs Martha A Marker

Registrar

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Driggs, Idaho

Street and House No.

County Teton

Registered No. 39

Registration Dist. No. 77

Sex of Child Male

Date of Birth Sept 15 1919
MONTH DAY YEAR

Father Jesse Walter Oliver
FULL NAME

Mother Lillian Wilson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Dell Walter Oliver
GIVEN NAME IN FULL SURNAME

as reported by Lillian W. Oliver
FATHER OR MOTHER

Mrs. Martha Marker
LOCAL REGISTRAR

OCT 17 1984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT REC

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72484

County of Teton

636-20[illegible]-041-318

City of Driggs

Registration District No. 77 File No. 31

No. ..... St.

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Floyd

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		2	yes	Sept 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Earl Floyd	FULL MAIDEN NAME	Florence Taylor
RESIDENCE	Alta, Wyo.	RESIDENCE	Alta, Wyo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Ida

Filed Oct 2nd 1919 Mrs Martha Marker

Registrar

Registrar

K

[redacted]

JUN 25 1942

[redacted]

494-227 [redacted]

PLACE [redacted]

032-494

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Dill

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72485

Registration District No. 16

File No. .....

Primary Registration District No. 1016

Registered No. 58

Full Name of Child Mene Mido

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Naosaburo. Mido	FULL MAIDEN NAME	Kumano. Mido
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	Jap. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	Jap AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Hotel	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

1 Photostat copy 3/1/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 28 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

PLACE OF BIRTH

[redacted]

V/S. No. 11—25m-6-15-18

[redacted]

12486

County of Lincoln

391-217-032-962

City of Dietrich

No. _____ St.

Hospital _____

Registration District No. 16

Primary Registration District No. 2016

File No. _____

Registered No. 55

Full Name of Child Pearl Louise Craig

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Craig	FULL MAIDEN NAME	Lucy Robuck
RESIDENCE	Dietrich Ida	RESIDENCE	Dietrich Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indian Ter	BIRTHPLACE	Wy
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a m M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Field, M. D. E H Field

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Shoshone, Idaho

Filed Oct 13 1919 J L Fuller Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Lincoln

Dietrich

Craig

Yes

Aug 17 1919.

Herbert Craig
Dietrich Ida

M 36

Indian Ter

Teamster

S

Mary Robuck
Dietrich Ida

M 29

My

Housewife

S

born alive

7 a m

E. H. Field, M. D.

Shoshone, Idaho

MAR 19 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of La Plata } ss.

Certificate No. 72486

Date Filed 3/9/42

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Craig (Name on Original Certificate) who was born (Was Born or Died) on August 17, 1919 (Date of Event)
in Dietrich, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School records (Bible Record, Insurance Policy, Etc.) prepared on September 1, 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Craig	Pearl Louise Craig

Subscribed and sworn to before me this 9th day of March, 1942.

Notary Public, residing at Durango, Colorado

My commission expires July 29, 1944
(Seal)

Signed Mrs. Lucy Craig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

240 11th. St., Durango, Colorado
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado }
County of La Plata } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 1942.

Notary Public, residing at Durango Colo.

My commission expires July 29 1944
(Seal)

Signed Mrs. Charlotte Foust
(Signature of Any Credible Person Other Than Previous Year)

Durango, Colo.
(Street Address, City, State)

MAR 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

263-116-032-234

County of Ada

City of Boise

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

72487

Registration District No. 16

File No. _____

Primary Registration District No. 1016

Registered No. 56

Full Name of Child FRANCISCO SOLOAGA

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth: 3	Legitimate? Yes	DATE OF BIRTH: Sept (Month) 10 (Day) 19 (Year)

FATHER

FULL NAME: John Soloago

RESIDENCE: Boise

COLOR: White. AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Spain

OCCUPATION: Sheepman

MOTHER

FULL MAIDEN NAME: Martina Fuenta

RESIDENCE: Boise Co.

COLOR: White. AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Spain

OCCUPATION: Wife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) _____

(Physician or midwife)

Address _____

Filed Oct 13 1919 J. L. Sullivan Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of LASSEN } ss.

Certificate No. 72487

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for SERPIO SOLOAGO (Name on Original Certificate) who born (Was Born or Died) on Sept. 18, ~~1917~~ 1919 (Date of Event)
in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on July 18th, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Serpio Soloago	Francisco Soloaga

Subscribed and sworn to before me this 30th day of March, 1943.

Arthur L. Anderson
Notary Public, residing at Susanville, Lassen County, California.
My commission expires July 9th, 1944
(Seal)

Signed Martina Soloaga
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1012 Modoc St. Susanville, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of LASSEN } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does ~~solemly~~ swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1943.

Arthur L. Anderson
Notary Public, residing at Susanville, Lassen County, California
My commission expires July 9th, 1944
(Seal)

Signed Margaret Soloaga
(Signature of Any Credible Person Other Than Previous Year)
1012 Modoc St Susanville, Calif
(Street Address, City, State)

APR 5 19

212-224032-412

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Dillé

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72488

Registration District No. 16

File No. .....

Primary Registration District No. 1016

Registered No. 57

Full Name of Child Dorothy Jean Baker

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Sept 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Weir Baker	FULL MAIDEN NAME	Bernice Mary Mason
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Boise Ido	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 26 1919 [signature] Re

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

714-221

PLACE OF BIRTH

029-314

County of Latah

City of Potlatch

No. 965 Pine St.

Hospital

Form [illegible] 11-C [illegible] 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 72489

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Nina Rosalinda ~~Gambetty~~ GAMBETTI

Sex of Child female	Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept (Month) 21 (Day) 1919 (Year)

FULL NAME FATHER George ~~Gambetty~~ GAMBETTI	FULL MAIDEN NAME MOTHER Victoria M Tadish
RESIDENCE Potlatch	RESIDENCE Potlatch
COLOR white AGE AT LAST BIRTHDAY 27 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Italy	BIRTHPLACE Mich.
OCCUPATION Barber	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heine

MD (Physician or midwife)

Given names added from a supplemental report.

Address 283 Palouse Wash

19

Filed Oct 2nd 1919 Dr. Jno Thompson Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

OCT 22 1942

Certificate No. 72489

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Nina Rosalinda Gambetty (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)

in Potlatch (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on September 21-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Gambetty	Gambetti

Subscribed and sworn to before me this 14" day of October, 1942

[illegible] Hanson
Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho
My commission expires My Commission Expires [illegible] 1944
(Seal)

Signed George Gambetty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 3 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-103-029-745

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

Registration District No. 65 File No. 72490

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Ellis. Everett Bull.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	✓		✓	yes.	June 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Bull.	FULL MAIDEN NAME	Addie. Bell. Punke.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Princeton.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Potlatch. Idaho.

Filed Oct. 8 1919. D. J. W. Thompson Registrar

Registrar

S-Y-CO. 38071

APR 11 1906

JUN 26 1942

285209.029-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72491

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Mabel Irene Bye

Sex of Child Female | Twin, Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. (Month) 9 (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adolph Bye	Josephine Jodelle
RESIDENCE	Potlatch	Potlatch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Wis-consin	Wis-consin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7:30 P.M. on the date above stated.

(Signature) Dr. J. Thompson

M.D.

(Physician or midwife)

Address Potlatch

Filed Sept 23 1919 Dr. J. H. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

JAN 12 1966

Amended Jan. 29, 1953

PLACE OF BIRTH

569.115'01K-613

County of Canyon

City of Parma, Ida.

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 72494

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ROGER SELDEN NORLAND
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 15, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Axel Norland	FULL MAIDEN NAME: Martha Susan Wallace
RESIDENCE: Parma, Idaho RFD	RESIDENCE: Parma, Idaho RFD
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Sarazin

physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 10-1 1919 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

J. J. SARAZIN, M. D.

SARAZIN CLINIC

NYSSA, OREGON

PHONE 30W

K. E. KERBY, M. D.

Dec 11 1952

To whom it may concern - This is to certify that the name of child born on June 15 - 1914 should be Roger Seldon Norland.

Fathers name Ockel Norland age 43.

Mothers name Martha Susan Wallace age 23.

Photostatic copy is on Oregon blank which should be Idaho.

J J Sarazin MD

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER

PLACE OF BIRTH

[redacted] STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

72494

CERTIFICATE OF BIRTH

IDAHO

State Registered No.

Local Registered No. 66

County of Canyon

City of Parma Ida (No. St.; Ward
(If in country, state distance and direction from nearest town, or give township and range)

FULL NAME OF CHILD Norland, Richard Selden

If child is not named, make supplemental report

Sex of Child: M	Twin, Triplet, or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June (Month) 15 (Day) 19 19 (Year)

FATHER		MOTHER	
Full Name	Axtel Norland	Full Maiden Name	Nora Wallace
Residence	Parma Ida R.F.D.	Residence	Parma Ida R.F.D.
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	43	Age at last Birthday (Years)	23
Birthplace	Norway	Birthplace	Idaho
Occupation	Rancher	Occupation	Housewife

Number of children born to this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M on the date above stated.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(Signature) J. J. Sarazin

Physician
(Attending physician, midwife, householder)*

Given name added from a supplemental report ....., 19....

REGISTRAR

Address

Filed 10-1, 1919 Lulu Waldrop
REGISTRAR

MAR 27 1947
APR 6 1961
JAN 30 1953

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER

PLACE OF BIRTH
435212014255

[redacted] STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Amended 7/14/15

72495

CERTIFICATE OF BIRTH

IDAHO

State Registered No.
Local Registered No. 67

County of Canyon

City of Parma Ida No. St.: Ward
(If in country, state distance and direction from nearest town, or give township and range)

FULL NAME OF CHILD Alma Frances McNees

If child is not named, make supplemental report

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Jan 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
Full Name	Chas McNees	Full Maiden Name	Manda L. Keefauver
Residence	Parma, Ida	Residence	Parma Ida
Color or Race	W.	Color or Race	W.
Age at last Birthday	26 (Years)	Age at last Birthday	26 (Years)
Birthplace	Iowa	Birthplace	Kansas
Occupation	Farmer	Occupation	Housewife

Number of children born to this mother, including present birth	Number of children, of this mother, now living, including present birth	Were precautions taken against ophthalmia neonatorum?
3	3	yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 p.M on the date above stated.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(Signature) J. J. Sarazin
Physician
(Attending physician, midwife, householder)*

Given name added from a supplemental report ....., 19.....

REGISTRAR

Address Nyssa

Filed 10-1-1919, 1919 Lulu Waldron
REGISTRAR

MAY 2 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 27 1 22 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72495

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McNeese (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 12, 1919 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	ALMA ~~Alan~~ Frances McNees
father's last name	McNeese	McNees.

Subscribed and sworn to before me this 9th day of June, 1975.

Notary Public, residing at Lewistown, Montana
My commission expires 6-15-75
(Seal)

Signed James H McNees Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Fergus }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of June, 1975.

Ralph J. Brown

Notary Public, residing at Judith Gap
My commission expires 1-26-76
(Seal)

Signed Donald B Kingery
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL5/20/75 lbc pd. rec.9074.

Family Bible record from Charles Herbert McNess and Maude Lillian Keefaver gives child's name as Alam Frances, born Jan 12, 1919. viewed by V. S.

JUL 22 1975

Marriage certif. gives name s as Charles Herbert McNees and Maude Lillian Keefover dated Dec. 25, 1912. viewed by V. S.

Marriage License from Montana gives names as Mr Doanld Burrell Kingery and the bride's name as Alma Frances McNees. dated Dec. 25, 1937. viewed by V. S.

Amended December 5, 1958

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

743-107-014-943

County of [illegible]

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72497

Registration District No. 9 File No.

Primary Registration District No. 2007 Registered No. 69

FULL NAME OF CHILD Pulliam, Ronald Elzie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elza Pulliam	FULL MAIDEN NAME	Dannis Imlah
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ida	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Numbers

Phys. & Surgeon (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9-11 1919 [illegible] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Account Number card, issuedd 7-17-39, viewed by V.S.
Funeral Record from the Mueller's Chapel of the Falls, Kennewick, Washington, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 72497
County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for unnamed Pulliam (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1919 (Date of Event) in Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ~~Ins policy School diploma - Social Security no. - [illegible]~~ (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Pulliam	Ronald Elie Pulliam

Subscribed and sworn to before me this 4th day of December, 1958

Notary Public, residing at Kennewick
My commission expires Oct 2, 1961
(Seal)

Signed x Mrs E J Pulliam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1422 W. 3rd Kennewick Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Benton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1958

Notary Public, residing at Kennewick
My commission expires Oct 2, 1961.
(Seal)

Signed x Joe V. Osborne
(Signature of Any Credible Person)

1901 W. 3rd Kennewick Wash
(Street Address, City, State)

DEC 5 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F66-106-014-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72498

County of Canyon

City of

No. St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 2007

Registered No. 70

FULL NAME OF CHILD Frank Leslie Howard, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug. 6 1919

FATHER		MOTHER	
FULL NAME	Frank Leslie Howard	FULL MAIDEN NAME	Sue Peterman
RESIDENCE	Parma	RESIDENCE	Parma, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill.	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	H.W.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Chambers, M.D.

Phys. & Surgeon (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9-11 1919 Lulu Waldrop Registrar

S-Y-CO 38071

DEC 29 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 684-202-014-215

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72499

Registration District No. 3

File No. .....

Primary Registration District No. 2007

Registered No. 72

FULL NAME OF CHILD MARY WYMER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	12	yes	Sept 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Wymer	FULL MAIDEN NAME	Nellie Grant Sancil
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mitchell

Parma (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sep 10 1919 Lulu Vialdrop Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 72499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Wymer (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2. 1919 (Date of Event) in Parma. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Wymer

Subscribed and sworn to before me this 24th day of April 1943

Notary Public, residing at Parma. Idaho

My commission expires May 1. 1943
(Seal)

Signed Mrs E D Wymer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 28 1943

135-208-014-789

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72500

County of Canyon

City of Parma

Registration District No. 3

File No.

No. ..... St.

Primary Registration District No. 2007

Registered No. 73

Hospital

FULL NAME OF CHILD Mary Ann Aten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter R Aten	FULL MAIDEN NAME	Viona M. Phillips
RESIDENCE	Parma Idaho	RESIDENCE	Parma Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Sep 11 1919 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 29 1972

RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 27 1968

457.109.014-391

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 72501

Primary Registration District No. 2007 Registered No. 74

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chauncey M. Dexter	FULL MAIDEN NAME	Laura Cramer
RESIDENCE	Parma, Idaho	RESIDENCE	Parma, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 12 1919 Lulu Waldrop

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-210 · 01V-249

Added child's name 5-13-94 ms

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72502

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2007 Registered No. 75

FULL NAME OF CHILD Laura Lee Transue

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Sept 6 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Jesse L Transue	FULL MAIDEN NAME Stella Smith
RESIDENCE Parma, Idaho	RESIDENCE Parma, Idaho
COLOR W	AGE AT LAST BIRTHDAY 34 (Years)
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Ills.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/13 1919

..... Registrar

Lula Waldorf Registrar

dup of 1919-D49-1443

DECEASED

5-13-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 72502
Date Filed Sept. 13, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Transue (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 10, 1919 (Date of Event)

in Parma (Canyon) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Transue	Laura Lee Transue

Subscribed and sworn to before me this 27th day of July, 1994.

Notary Public, Mary Schneider

Residing at Boise, Ida.

My commission expires 2-16-2000

(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

x Laura L Transue
Signature of Applicant

x 517 So. Owyhee, Boise Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAY 1 3 1994

Certificate of Birth State of Idaho (Duplicate) filed May 16, 1949 file #49-1443 for Laura Lee Transue born Sept 10, 1919 in Notus (Canyon) ID to Jesse Logan Transue and Stella Smith viewed vs 5-13-94 ms.

A check payable to Idaho Power Co. dated Nov. 28, 1986 by Laura L. Transue 517 s. Owyhee Boise ID 83705 viewed vs 5-13-94 ms.

851-219-014-713

CHILD'S FIRST NAME AMENDED 2-16-2010
CMW

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 72503

No. ..... St.

Primary Registration District No. 2007

Registered No. 78

Hospital .....

FULL NAME OF CHILD BETTY Bettie Lucile Healy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert L. Healy	FULL MAIDEN NAME	Ruby C. Pack
RESIDENCE	Parma, Idaho	RESIDENCE	Parma Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/22 1919 Lulu Waldrop

Registrar

... birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 0 8 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Colorado } SS
County of Jefferson }

Certificate No. 1919-72503
Date Filed 09/22/1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Bettie Lucile Healy (Name on Original Certificate) who was born (Was Born, Died, etc.) on 09/19/1919 (Date of Event)
in Parma (Canyon Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Betie	Betty

Subscribed and sworn to before me this 4th day of February, 2010
Notary Public, Stephanie Stastny
Residing at 6355 Ward Rd Arvada CO 80007
My commission expires 6/2/2013
(Seal)

Roger Lee Norland
Signature of Applicant
6113 COLE LANE, ARVADA, CO 80004
Street Address, City, State and Zip

STEPHANIE STASTNY NOTARY PUBLIC STATE OF COLORADO
My Commission Expires 06/02/2013
6355 Ward Rd.
Arvada, CO 80004

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Must be completed ☐)
(Is not necessary ☒)

State of } SS
County of }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____,

Notary Public, _____

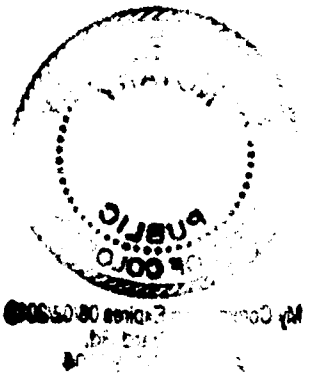
Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

February 2, 2010 OREGON BIRTH CERTIFICATE ROGER LEE NORLAND BORN 1-9-1944 MOTHER'S MAIDEN NAME: BETTY LUCILE HEALY VIEWED BY VS
TRANSAMERICA LIFE INS & ANN CO 2001 FORM 1099R BETTY L NORLAND VIEWED BY VS



613126 1014-814

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72504

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2007

Registered No. 77

FULL NAME OF CHILD Harold Edwin Wall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert V. Wall	FULL MAIDEN NAME	Martha A. Hamilton
RESIDENCE	Parma Idaho	RESIDENCE	Parma, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9-30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/29 1919 Luly Waldorf

K Registrar Registrar

c.c. 6/7/41. w.h.

DECLASSIFIED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72505

238 [redacted]-177

County of [redacted] Idaho

City of Rupert

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 173

Hospital

FULL NAME OF CHILD Katherine Schell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 16 1919

FATHER		MOTHER	
FULL NAME	John Schell	FULL MAIDEN NAME	Katerina Appleny
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert Idaho

Registrar

Filed Sept 19 1919 E. H. Elmore
Registrar

APR 2 8 1972

493-120-234-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72506

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 174

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grover R Millsaps	FULL MAIDEN NAME	Daisy Mosher
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Idaho

Filed 9/22 1919 E H Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-222-034-391

PLACE OF BIRTH

~~Form V. S. No. 11-C—25m-9-8-17~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72507

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 175

FULL NAME OF CHILD Altha Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 22 1919

FATHER		MOTHER	
FULL NAME	Alma Wells	FULL MAIDEN NAME	Edith Craner
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Groom

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert Idaho

Filed 9/23 1919 E. H. Elmore

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Ada }

Certificate No. 72507

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death) for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Altha Wells

Subscribed and sworn to before me this 13 day of July, 1942

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Altha Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

605 Highland Ave Twin Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUL 14 1942

NOV 24 1964

MAY 10 1968

APR 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of Burley

No. 29 St.

Hospital

Form V. S. [illegible] 11-3-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72508

Registration District No. 19 File No.

Primary Registration District No. 2015 Registered No. 176

FULL NAME OF CHILD JEAN MILDRED BRADLEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawson G Bradley	FULL MAIDEN NAME	Hermaine DeGood
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	South Dakota
OCCUPATION	Real Estate - Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 111 Number of children of this mother now living, including present birth 111

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

M D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rupert Idaho

Filed 9/24 1919 E H Elmore
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 72508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (no name given on original Certificate) (Name on Original Certificate) who was born (Was Born or Died) on September 23, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Jean Mildred Bradley

Subscribed and sworn to before me this 6th
day of March 1942
Notary Public, residing at Pullman
My commission expires October 25, 1943
(Seal)

Signed Hermanine Hackman
(Signature of parent ~~or guardian if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.~~)
804 Linden, Pullman, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 28th
day of February 1942
Notary Public, residing at Eugene, Ore.
My commission expires 7-11-42
(Seal)

Signed Marian Hallie
(Signature of Any Credible Person Other Than Previous Year)
1908 Hilyard St., Eugene, Oregon
(Street Address, City, State)

APR 28 1942

313-128-034-695

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72510

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 178

Hospital .....

FULL NAME OF CHILD Edward Elmore Lacy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Sept 28 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick Carlyle Lacy	Annabelle Hine
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Mebr.	Mo.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 4 19 17 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 20, 1941. EW

APR 10 1969

386.203.03K-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72511

Registration District No. 14 File No. .....

Primary Registration District No. 2015 Registered No. 179

FULL NAME OF CHILD Naomi Pearl Thorne ~~Sybil Maxine Thorne~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 3 1917

FATHER		MOTHER	
FULL NAME	See Thorne	FULL MAIDEN NAME	Ida May Byington
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Thorne

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Rupert

Filed Oct 4 1917 O. A. Thorne

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Jerome. }

Certificate No. 72511

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who ~~Oct 3~~ Born (Was Born ~~or Died~~) on Oct 3 - 1919 (Date of Event)

in Acequia Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Sybil Naoma Thorne	Naomi Pearl Thorne

Subscribed and sworn to before me this 16th day of December, 1943

William G. Comstock

~~Notary Public~~, residing at Jerome Idaho.

My commission expires Second Monday 1-45.

(Seal) Probate Judge & Ex-Offico Clerk

Signed Lee Thorne

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 6 1973

DEC 2 1 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-205-034-648

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72512

Registration District No. 19 File No. .....

Primary Registration District No. 9015 Registered No. 180

FULL NAME OF CHILD Carma Kloepfer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct. 5 1917

FATHER

FULL NAME: William H. Kloepfer

RESIDENCE: Rupert

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Montana

OCCUPATION: Contractor

MOTHER

FULL MAIDEN NAME: Rachael E. Huberman

RESIDENCE: Rupert

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Otto Elmore

M. D. (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 10 1917

Otto Elmore Registrar

JAN 2 0 1949

APR 1 2 1963

264-109-03K-245

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 72513

Primary Registration District No. 2015 Registered No. 181

Hospital .....

FULL NAME OF CHILD Frank H. Boulan Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 9 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank H. Boulan	Minnie E. Sundarlin
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Oregon	Pa
OCCUPATION	Farm Jaffraiser	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Elmore

M D.
(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 10 1917 E M Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 1942

5/14/41 L. E.

863-203-034-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-[illegible]-8-17

CERTIFICATE OF BIRTH

72514

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 182

FULL NAME OF CHILD Elizabeth Seema Halliday

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Woodruff Halliday	FULL MAIDEN NAME	Myrtle M. Pangborne
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Wisc.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Oct 10 1917 E H Elmore

Registrar

Registrar

K

MAR 1 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-102-07K-343 name added 5-20-85 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2016

File No. 72515

Registered No. 183

FULL NAME OF CHILD Rulon Lutz Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 2 1917

FATHER		MOTHER	
FULL NAME	B. M. Anderson	FULL MAIDEN NAME	Rose Lutz
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 31 1917 Dr. J. C. Patterson
Registrar

1-17-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 72515
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 2, 1919 (Date of Event)

in Heyburn (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rulon Lutz Anderson

Subscribed and sworn to before me this 4th day of February, 1985.
Notary Public, Paul A. Morris
Residing at Salt Lake City, Utah
My commission expires Aug 1. 1988
(Seal)

X _____ Signature of Applicant
X _____ Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Feb., 1985.
Notary Public, Lydia A. Bowers
Residing at Salt Lake City, Utah
My commission expires 10/27/87
(Seal)

X Vernell C. Anderson
Supporting Signature
X 1158 Woodstock av
Street Address, City, State
SL City Ut.

~~1bc pd~~
change to 1cc

Certificate of Birth from LDS Church gives Rulon Lutz Anderson born July 2, 1919 in Burley to Byron Anderson and Rose Lutz. Entered on record July 10, 1927. Viewed by V.S.

MAY 2 0 [illegible]

Marriage record lists Rulon L Anderson and Mary Lucretia Barr were married Sept 20, 1941 in Chicago, IL. Viewed by V.S.

248-117-034-493

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72516

County of Minidoka

City of Hayburn

Registration District No. 19 ~~17~~

File No. 184

No. ..... St.

Primary Registration District No. 2015 ~~2196~~

Registered No. 1317

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Kuhring, Loren William

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	Apr. 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William J. C. Kuhring	FULL MAIDEN NAME	Ida B. Miller
RESIDENCE	Hayburn	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Ills
OCCUPATION	Farm	OCCUPATION	Hsf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Ch 10 Burley E H Ehrmann

..... 19 .....

Filed ~~[illegible]~~ 19 ~~[illegible]~~

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Effingham }

Certificate No. 72516

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Kuhring	Loren William Kuhring

Subscribed and sworn to before me this 9th day of July, 1945

Notary Public, residing at Dieterich, Ill.

My commission expires December 31, 1946

(Seal)

Signed Ida Kuhring Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dieterich, Ill.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Effingham }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1945

Notary Public, residing at Dieterich, Ill.

My commission expires December 31, 1945

(Seal)

Signed L. A. Krahn

(Signature of Any Credible Person)

(Street Address, City, State)

Dieterich, Ill.

819-123-034-789

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Registration District No. 19

File No. 72517

Primary Registration District No. 2013

Registered No. 186

Hospital .....

FULL NAME OF CHILD PAUL RICHARD ~~Bigelow~~ Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 23 1919

FATHER		MOTHER	
FULL NAME	James F. Harris	FULL MAIDEN NAME	Lottie B. Phillips
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salt Lake City Ut.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsf.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Butler M.D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report. .....19.....

.....
Registrar

Filed Oct. 10 19 19 E. A. Elsmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 72517

JAN 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Harris (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 23 Aug 1919 (DATE OF EVENT)
in Paul, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Harris	Paul Richard Harris

Subscribed and sworn to before me this 21 day of January, 19 42

Henry W. Burke
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(SEAL)

Signed Inez M. Harris
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Step-mother
Oakley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of January, 19 42

Henry W. Burke
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(SEAL)

Signed James Franklin Harris
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Oakley, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

APR - 6 1973

.319.124.016-355

Amended 3-26-63 (Be sure the information is complete and accurate)

State File No. 72519
Local Reg. No. 187
Reg. Dist. No. 19

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Harold
b. (Middle): L.
c. (Last): Carraway

4. SEX: Boy

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): September 24, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): J.
b. (Middle): J.
c. (Last): Carraway

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): North Carolina

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle):
c. (Last): Teem

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Colo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. B. Kenagy, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rupert, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 10, 1919

20. REGISTRAR'S SIGNATURE: E.H. Elmore

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? ... [ ] ... [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72519

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Carraway (boy child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1919. (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harold L Carraway
Child's Date of Birth	Sept. 23, 1919	September 24, 1919

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1963.

Notary Public, residing at Rupert, Idaho

My commission expires March 19, 1963

(Seal)

Signed Estelle L Carraway
(Signature of Any Credible Person)

522 17th St.
(Street Address, City, State)
Rupert, Idaho

FORM DH 60-155

CL 12-18-62. one copy pd. rec. #20083.

Own Child's Birth Cert. on file: (Idaho Birth) #361204 gives full name of father as Harold Leander Carraway, age 22, born in Jackson, Idaho - viewed by V.S.

~~Honrcab~~
Cert. Copy of
Honorable Discharge, United States Navy, dated Feb. 17, 1946 gives full name as Harold Lee Carraway, born Sept. 24, 1919 at Jackson, Idaho - date of enlistment-June 28, 1944 at Jerome, Idaho - viewed by V.S.

Certificate of Ordination to the Holy Priesthood as a Deacon, dated May 29, 1932 gives full name as Harold L. Carraway, born Sept. 24, 1919 at Jackson, Idaho to James J. Carraway and Nellie Teem - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72519

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 187

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	9 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J J Carraway	FULL MAIDEN NAME	Nellie Leem
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanagy

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rupert Ida

..... 19.....

Filed Oct 10 1919 E H Elmore

..... Registrar Registrar

MAR 26 1963

356.228.016-252

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72520

County of Cassia

City of Rupert

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2015

Registered No. 188

Hospital

FULL NAME OF CHILD Ethel Lefgren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	9 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John P Lefgren	FULL MAIDEN NAME	Lillie Smith
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Oct 10 1919 E H Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1972

113-119-034-356

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 14

Primary Registration District No. 2015

File No. 72521

Registered No. 154

FULL NAME OF CHILD Robert Lewis Jackson

Sex of Child Male

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 9 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry Jackson	FULL MAIDEN NAME	Mabel F Lewis
RESIDENCE	~~New York~~ Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	N Y	BIRTHPLACE	N Y
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Konagy

Physician (Physician or midwife)

* Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert

Filed Oct 10 1919 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 7, 1940 L.B.

State File #72521

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mabel F. Jackson of Nampa, Idaho

Being first duly sworn, deposes and says that she is related to
(if related, specify degree, if friend or otherwise, so state)

as Mother of Robert Lewis Jackson

who was born in the city of Rupert, County of Minidoka
(was born, died)

on the 19th day of September 1919, as stated in a certificate of birth
birth or death

filed by J. B. Kenagy, M.D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Rupert, County of Minidoka Idaho, on the 10th day of October 19 19.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Sex -- Girl

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Sex of Child -- Male

(SEAL)

Affiant Mabel F. Jackson

Address 210-17th Ave S
Nampa Ida.

Subscribed and sworn to before me this 7th day of November 1940

Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Ada)

Mabel F. Jackson of Nampa, Idaho

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Mrs Mabel F. Jackson

Address 116 - 15th Ave So.
Nampa Ida.

Subscribed and sworn to before me this 7th day of November 1940

(Seal)

Notary Public

OCT 12 1953

JUN 8-0 1945

289-112 034-689

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72522

Registration District No. 19 File No. .....

Primary Registration District No. 2016 Registered No. 190

FULL NAME OF CHILD LLOYD ARTHUR SHINN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	9 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Shinn	FULL MAIDEN NAME	Eliza White
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 pm. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address Rupert

Filed Oct. 10 1919 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 16 1942 Certificate No. 72522

County of Butte } Date Filed

I.S. N.P. The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Lloyd Arthur Shinn (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 13, 1919 (DATE OF EVENT)

in Rupert, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by no record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Shinn	Lloyd Arthur Shinn

Subscribed and sworn to before me this 14th day of January, 1942

Hazel Spicer

Notary Public, residing at Chico, Calif

My commission expires April 20, 1943 (SEAL)

Signed Arthur L. Shinn (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Chico, Calif, Rt. 3, Box 31B (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Butte }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January, 1942

Hazel Spicer

Notary Public, residing at Chico, Calif

My commission expires April 20, 1943 (SEAL)

Signed Eliza Shinn (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.) Mother

Chico, Calif. Rt. 3, Box 31B (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 16 1942 By (REGISTRAR'S SIGNATURE)

JAN 28 1942

FEB 10 1942

FEB 27 1942

8 1942

AUG 4 1976

954-203042-713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

ST[redacted]
BUREAU [redacted]CS

CERTIFICATE OF BIRTH

72523

County of Twin Falls,

City of Kimberly, Registration District No. 36 File No.

No. St. Primary Registration District No. Registered No. 56

Hospital home of relative

FULL NAME OF CHILD Lenora Juanita Reddock

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 3 1919

FATHER	MOTHER
FULL NAME: Karl Reddock	FULL MAIDEN NAME: Juanita M.Palm
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa,Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Miss.	BIRTHPLACE: Ill.
OCCUPATION: Freight clerk	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

(Signature) J. M. Dennis

M.D.
(Physician or midwife)

Address Kimberly, Idaho.

Filed Sept 12 1919 J. M. Dennis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1964

Nov. 7, 1940 L.E.

632-04-042-659

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72524

County of Twin Falls

City of Hansen

Registration District No. 36

File No.

No. ..... St.

Primary Registration District No.

Registered No. 57

Hospital Home

FULL NAME OF CHILD Richard William Olsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept. 4, 1919

FATHER	MOTHER
FULL NAME: Earl Richard Olsen	FULL MAIDEN NAME: Minnie Ferguson
RESIDENCE: Hansen, Idaho.	RESIDENCE: Hansen, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:54 A. M. on the date above stated.

(Signature) O.M. Dwight.

Physician (Physician or midwife)

Address Hansen, Idaho.

Filed Sept 9 19 19

Registrar

Joseph N. Davis, M. D.
Kimberly, Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-204-042-331

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly Registration District No. 36 File No. 72525

No. ..... St.

Hospital Home of relative Primary Registration District No. ..... Registered No. 58

FULL NAME OF CHILD Helen Mae King.

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Sept. 4 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Clyde E King.	FULL MAIDEN NAME	Emily May Clayborne
RESIDENCE	Jerome Ida.	RESIDENCE	Jerome.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Royal Scudder MD

(Physician or midwife)

Address Kimberly Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 14 1919 J. M. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 2 9 1942

864.207.042.243

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72526

County of Twin Falls.

City of Kimberly Registration District No. 36 File No.

No. St. Primary Registration District No. Registered No. ~~66~~ 59

Hospital home of mother

FULL NAME OF CHILD Emma Elzora Homan

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 7 19 19

FATHER	MOTHER
FULL NAME: Bernard M. Homan	FULL MAIDEN NAME: Erma May Butler
RESIDENCE: San Jacinto, Nev.	RESIDENCE: San Jacinto, Nev.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nebr.	BIRTHPLACE: Mo.
OCCUPATION: Ranch Foreman	OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

M. D.
(Physician or midwife)

Address Kimberly, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Sept 15 19 19 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 8 1970

296-208-042-597

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72527

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 60

Hospital home

FULL NAME OF CHILD Ada Louise Brown

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 8, 1919

FATHER		MOTHER	
FULL NAME	Lou A. Brown	FULL MAIDEN NAME	Della Nora Eignor
RESIDENCE	Kimberly, Idaho.	RESIDENCE	Kimberly, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Colo,	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis

M.D.
(Physician or midwife)

Address Kimberly, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Sept 15 19 19

J M Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1942

SEP 13 1944

442-110-642-684 childs name amend 9-5-85 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72528

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. St.

Hospital Home Primary Registration District No. Rupert Registered No. 61

FULL NAME OF CHILD ~~Robert~~ Nathan Muse

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 10 19 19

FATHER		MOTHER	
FULL NAME	Frank Muse	FULL MAIDEN NAME	Maria Whitebird
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arkansas.	BIRTHPLACE	Arkansas.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Royal Leudder MD
(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

19

Filed Sept 20 19 19 J. M. Davis
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/13/41 [illegible]

dup of 1919-78380

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 22 12 42 PM '85

State of _____ } ss.
County of _____ }

Certificate No. 72528
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Rubert Nathan Muse (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 10, 1919 (Date of Event)
in Twin Falls County (Kimberly) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Rubert	Rupert

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge. I am the mother of Rupert Nathan Muse.

Subscribed and sworn to before me this 2ND day of NOVEMBER, 1984.

Notary Public, FOR IDAHO Robert N. Stephan
Residing at TWIN FALLS IDAHO
My commission expires _____
(Seal)

X Marie Muse
Supporting Signature

RT. 1 BOX 254 HANSEN, IDAHO 83334
Street Address, City, State

Telephone call 9-4-84 Atty Stephan - fc Correction corresp. (Muse)

marriage certificate lists Rupert Nathan Muse and Flora Jean Smith were married on May 24, 1944 in All Saints Church. Viewed by V.S.

SEP 5 1985

Honorable Discharge from U.S. Army lists Rupert N Muse was discharged on April 21, 1946. Viewed by V.S.

793-210-042-313

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72529

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 6

Hospital

FULL NAME OF CHILD Viola Wilma Gillately

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Gillately	Willis Tate
RESIDENCE	U.S. Army France	Kimberly
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Iowa	Tennessee
OCCUPATION	Soldier	Housf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1030 A M. on the date above stated.

(Signature) Royal Scudder M.D.

(Physician or midwife)

Address Kimberly Idaho

Filed Sept 20 1919 J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

72529

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kimberly

Street and House No.

County Twin Falls

Registered No. 62

Registration Dist. No. 32

Sex of Child Female

Date of Birth Sept 10 1919
MONTH DAY YEAR

Father James Gillately
FULL NAME

Mother Willis Tate
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Viola Wilma Gillately
GIVEN NAME IN FULL SURNAME

as reported by James Gillately
FATHER OR MOTHER

JOSEPH H.

Local Registrar
LOCAL REGISTRAR

District No.

JUL 24 1952

FEB 27 1957

435-111-042-413

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72530

County of Twin Falls

City of Kimberly, Ida. Registration District No. 36 File No.

No. St. Primary Registration District No. Registered No. 63

Hospital Home

FULL NAME OF CHILD George Albert McEwen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept. 11, 1919

FATHER		MOTHER	
FULL NAME	Albert F. McEwen, Jr.	FULL MAIDEN NAME	Melvina Mathews
RESIDENCE	Kimberly, Ida.	RESIDENCE	Kimberly, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rural mail carrier	OCCUPATION	h.W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

(Signature) J. M. Davis

M.D. (Physician or midwife)

Address Kimberly, Idaho.

Filed Sept 20 1919 J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U45-219-042-46-9

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72531

County of Twin Falls,

City of Kimberly

No. ..... St.

Hospital parents home

Registration District No. 36

Primary Registration District No. .....

File No. .....

Registered No. 6

FULL NAME OF CHILD Wanda Ione Dunn

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 19 1919

FATHER	MOTHER
FULL NAME: Stewart V Dunn	FULL MAIDEN NAME: Emma Jane Morgan
RESIDENCE: Three Creek, Idaho.	RESIDENCE: Three Creek, Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho.
OCCUPATION: rancher	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

Physician (Physician or midwife)

Address Kimberly, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 28 1919 J. M. Davis

Registrar

APR 18 1957

962-226-042-613
PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72532

County of Twin Falls

City of Hansen Registration District No. 36 File No.

No. St.

Hospital Home Primary Registration District No. Registered No. 65

FULL NAME OF CHILD Sarah Elizabeth Rose

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Rose	Charlotta A. Watkins
RESIDENCE	Hansen	Hansen
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	30
BIRTHPLACE	Illinois.	Kansas.
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Royal Scudder M.D.
(Physician or midwife)

Address Kimberly Idaho

Filed Oct 6 1919 J. M. Davis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-127-642-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72533

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 66

Hospital Home

FULL NAME OF CHILD LEONARD HURSHELL TATE

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 27 - 19

	FATHER	MOTHER
FULL NAME	N. Douglas Tate	FULL MAIDEN NAME Nancy Tate
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	21 (Years)
BIRTHPLACE	Tennessee	Tennessee
OCCUPATION	Section Hand	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 630a M. on the date above stated.

(Signature) Royal Saudder M.D.

(Physician or midwife)

Address Kimberly, Idaho

Filed Oct 6 19 19 J. N. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1942

497-127-014365

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72534

County of Canyon

City of Deer Flat

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2006

File No. .....

Registered No. .....

Full Name of Child Archie Diggs

SEX OF CHILD	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Homer A. Diggs	FULL MAIDEN NAME	Lottie E. Coe
RESIDENCE	Deer Flat	RESIDENCE	Deer Flat
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 27 1919 Pearle Dodds

Registrar

APR 22 1968

993-201-01K-799

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72535

Registration District No. 7 File No. _____

Primary Registration District No. 2006 Registered No. _____

Full Name of Child _____ Richardson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Oct 1, 19

	FATHER	MOTHER
FULL NAME	Sylvester Richardson	FULL MAIDEN NAME: Elizabeth Grigg
RESIDENCE	Nampa Ida	RESIDENCE: Nampa Ida
COLOR	white	COLOR: White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years): 36
BIRTHPLACE	Idaho	BIRTHPLACE: Utah
OCCUPATION	Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Oct 9 19 19 Pearle Dozier
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-347749

665·107·014-765

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72536

Registration District No. 7 File No. _____

Primary Registration District No. 2006 Registered No. _____

Full Name of Child THEADORE CLARKSON Owens

SEX OF CHILD	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	+ (To be answered only in event of plural births)		+	Yes	Oct. 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Owens	Doradinette Lovejoy
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address _____

Filed Oct. 9 1919 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1949
FEB 2 1981

PLACE OF BIRTH
395-280-014-595
County of Canyon
City of Nampa
No. 203-4th Ave. St.
Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11—25m-6-18-19

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 72537
Primary Registration District No. 2006 Registered No.

Full Name of Child LOIS ELLEN Linscott

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fem			Yes	Sept. 30, 19

FATHER		MOTHER	
FULL NAME	Oscar R. Linscott	FULL MAIDEN NAME	Leona Nielson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed Oct. 9 19 19 Pearle Dodds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Shasta } ss.

Certificate No. 72537

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lois Ellen Linscott (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lois Ellen Linscott

Subscribed and sworn to before me this 9th
day of October, 1942
Glenn D Newton
Notary Public, residing at Redding, California
My commission expires December 15, 1945
(Seal)

Signed Mrs. Lola Robbins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Shasta } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of October, 1942
Glenn D Newton
Notary Public, residing at Redding, California
My commission expires Dec. 15, 1945
(Seal)

Signed Miss Floy A. Johnston
(Signature of Any Credible Person Other Than Previous Year)

1229 Pine St. Redding Calif.
(Street Address, City, State)

JAN 1 0 1966

OCT 1 6 1942

351-108-01K-435

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72538

County of Canyon

City of Nampa

No. _____ St.

Registration District No. 7 File No. _____

Primary Registration District No. 556 Registered No. _____

Hospital _____

Full Name of Child Elvin Seavell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	Oct. 8 (Month) (Day) 19 17 (Year)

	FATHER	MOTHER
FULL NAME	Otto Ray Seavell	FULL MAIDEN NAME Grace A. McElroy
RESIDENCE	Nampa	RESIDENCE Nampa
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Oregon
OCCUPATION	Dentist	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

Physician

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 9 1917 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1942

SEP 16 19..

DECEASED

432-115-0014-689

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72539

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

Hospital Nampa General

Full Name of Child Merrill Dean McKeeth

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Sept 15 1919

	FATHER	MOTHER
FULL NAME	Kenneth John McKeeth	FULL MAIDEN NAME Cora Mildred Whitted
RESIDENCE	Grand View Ida	RESIDENCE Grand View Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Porter

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 20 1919 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAY 1 4 1984

MAY 1 4 1984

641-108-24-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72540

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Edward T. Fujii

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1 (To be answered only in event of plural births)	1	Yes	Sep 8 1919

FATHER	MOTHER
FULL NAME H. Fujii	FULL MAIDEN NAME T. Mayeda
RESIDENCE Near Nampa	RESIDENCE Near Nampa
COLOR Brn	COLOR Brn
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farming	OCCUPATION Housewife
Number of child of this mother, including present birth 3	Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 P.M. on the date above stated.

(Signature) F. B. Smith M. D.

(Physician or midwife)

Address Nampa

Filed Oct. 9 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

595-110-014-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72541

County of Canyon

City of Caldwell

No. ____ St.

Hospital Caldwell

Registration District No. 7 File No. ____

Primary Registration District No. 2006 Registered No. ____

FULL NAME OF CHILD Robert Gene Nielson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 10 1919

FATHER	MOTHER
FULL NAME: Kenneth Nielsen	FULL MAIDEN NAME: Gladys Krantz
RESIDENCE: Nampa Idaho	RESIDENCE: Nampa Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Superior, Wisconsin	BIRTHPLACE: Marshfield, Oregon
OCCUPATION: Chemist	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) F. B. Smith M. D. By A. R.

(Physician or midwife)

Address ____

Filed Oct. 7 1919. Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

SEP 18 1974

699-203-014-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Nampa

Registration District No. 7

File No. 72542

Primary Registration District No. 2306

Registered No. .....

FULL NAME OF CHILD Gladys Josephine Arr.

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Arr.	FULL MAIDEN NAME	Josephine Gott
RESIDENCE	Murphy Idaho.	RESIDENCE	Murphy Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE	South Dakota.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M. D. By A R.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct. 9 1919 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/15/44

NOV 6 1952

258-209-019-995

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72543

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1306 Registered No.

Hospital

FULL NAME OF CHILD Doris Lenora Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Aug 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Snyder	Myrtle Zme
RESIDENCE	Nampa	Nampa Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Saulx Kansas	Johnson, Kansas
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos R. Maugans M.D.
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 10 19 19 Pearle Dodds Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AMENDED 11-1-57
PLACE OF BIRTH

866201-001-942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. ____ St.

Registration District No. 7 File No. 72544

Hospital ____ Primary Registration District No. 2006 Registered No. ____

FULL NAME OF CHILD Susan Virginia Howell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 1, [redacted] 1919

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	D. S. Howell	FULL MAIDEN NAME	Bessie Russell
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) Geo. O. A. Kellogg

Physician
(Physician or midwife)

Address Nampa, Idaho

Filed 10-10-19 [redacted] Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72544

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Virginia Howell (Name on Original Certificate) who born (Was Born or Died) on Oct. 1, 1919 (Date of Event)
in Kuna (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own child's birth cert (Bible Record, Insurance Policy, Etc.) prepared on 51-12382 & 439571 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Virginia Howell	Susan Virginia Howell

Own child's cert. of Baptism - June 3, 1961 viewed by vital stat.

Subscribed and sworn to before me this 30 day of October, 1961.
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida.
My commission expires Sept. 28, 1960
(Seal)

Signed Bessie R. Howell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October, 1961.
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida.
My commission expires Sept. 28, 1960
(Seal)

Signed Donald S Howell
(Signature of Any Credible Person)

2315 Mtn View Dr.
(Street Address, City, State) Boise

FORM DPH 55. 155

12-1-108

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-S-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72544

County of Ada

City of Kuna — Registration District No. 7 — File No.

No. ..... St. — Primary Registration District No. 2006 — Registered No.

Hospital

FULL NAME OF CHILD Virginia Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes.	Oct. 17 1919

FATHER		MOTHER	
FULL NAME	D. S. [redacted] Howell	FULL MAIDEN NAME	Bessie Brandt
RESIDENCE	Kuna Idaho.	RESIDENCE	Kuna Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Idaho.
OCCUPATION	Ranchman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kelly M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 18 1919 Pearle Dodds Registrar

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

NOV 1 19[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-215 014-119

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [illegible]
CERTIFICATE OF BIRTH

[illegible]m-9-8-15

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. 72545

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD Margaret Jean Horner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. P. Horner	FULL MAIDEN NAME	Laura Jarman
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Columbus Kansa	BIRTHPLACE	Litchfield Ill.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E. Mangum MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Nampa Ida

Filed Oct. 10 1919 Pearle Dodds Registrar

S-Y-CO 38071

FEB 5 1976

FEB 2 3 1943

766-220-014-133

PLACE OF BIRTH

County of Canyon

City of Caldwell R.I.

No. ..... St.

Hospital .....

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2006

File No. 72546

Registered No. .....

Full Name of Child Doris M. Powers

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 9 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R R Powers	FULL MAIDEN NAME	Maud Allen
RESIDENCE	Ontario Or	RESIDENCE	Ontario Or
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Truck driver	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H C Robinson

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Oct 10 1919 Carrie Dodds

Registrar

Registrar

K

JAN 13 1956

DECEASED

143-022-014-717

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 5th ave S St.

Hospital -

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1b—25m-6-15-18

CERTIFICATE OF BIRTH 72547

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Full Name of Child FRANCES GEORGIA AULBACH

SEX OF CHILD: Girl	Twin, Triplet or other? × (To be answered only in event of plural births) and Number in order of birth ×	Legitimate? Yes	DATE OF BIRTH: Sept 22 19 (Month) (Day) (Year)	

FATHER		MOTHER	
FULL NAME	J. A. Aulbach	FULL MAIDEN NAME	Ines Page
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Mo.	BIRTHPLACE	Nampa Idaho
OCCUPATION	R.R. Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10½ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Oct. 10 1919 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 72547

State of Idaho }
County of Twin Falls } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Aulback (Name on Original Certificate) who Born (Was Born or Died) on Sept. 22nd 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Georgia Aulbach

Subscribed and sworn to before me this 18th
day of March, 1943.

Alice A. Taylor
Notary Public, residing at Twin Falls, Ida.
My commission expires Oct. 22nd 1943
(Seal)

Signed John Aptough Aulbach
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 0 1943

MAR 22 1943

432-222-014-556

PLACE OF BIRTH

No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

File No. 72548

Primary Registration District No. 1006

Registered No. .....

Full Name of Child Winifred McBane

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.	2	yes	9 22 1919

FATHER		MOTHER	
FULL NAME	Daniel L. McBane	FULL MAIDEN NAME	Ada Newton
RESIDENCE	Nampa 12th Ave S	RESIDENCE	Nampa 12th Ave S
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Bookkeeper	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 1317 4th st S Nampa

Filed Oct 10 1919 Pearle Dodge

Registrar

MAR 12 1948

2/20/41 L. B.

695-201-014-146

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 5th Av & 6th St N. St.

Registration District No. 7

File No. 72549

Primary Registration District No. 1006

Registered No.

Hospital

Full Name of Child ~~Baby~~ Joanne Finley

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F		Yes	9 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry L. Finly	FULL MAIDEN NAME	Viola Amos
RESIDENCE	5th Av & 6th St N.	RESIDENCE	5th Av & 6th St N.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill.
OCCUPATION	Sign Foster	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H C Robinson

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address 4th St & 14th Av. So

Filed Oct. 10 1919 Pearle Dodds

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 72549

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Finley (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth ~~Date~~", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Finley	Joanne Finley

Subscribed and sworn to before me this 2-4 day of May, 1944

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs Cora Finley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

612 - 3rd St So Nampa Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

APR 17 1944

MAY 24 1944

248-116-015-391

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R R St.

Hospital Sist of Mercy

County

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

Form V. S. No. 2—20m-6-15-18

CERTIFICATE OF BIRTH 72550

Registration District No. 7 File No.

Primary Registration District No. 2506 Registered No.

Full Name of Child KENNETH DALE SMYTH

SEX OF CHILD Boy

Twin, Triplet or other? x and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH Sept (Month) 16 (Day) 19 (Year)

FATHER

FULL NAME Frank I Smyth

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margaret Brandt

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed Oct 15 19 17 Pearle Dodds Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

JAN 15 1942

State of Idaho } ss.
County of Canyon

Certificate No. 72550

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for no name (Name on original certificate) who born (Was born or died) on Sept 16, 1919 (Date of event)
in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Smyth	Kenneth Dale Smyth

Subscribed and sworn to before me this 14th day of January, 1942

Notary Public, residing at Nampa Idaho

My commission expires April xx, 1942

[SEAL]

Signed Mrs. J. I. (Margaret) Smyth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January, 1942

Notary Public, residing at Nampa, Idaho

My commission expires April xx, 1942

[SEAL]

Signed J. I. Smyth
(Signature of any credible person other than the previous affiant.)

Nampa, Idaho
(Street Address, City, State)

Received for filing on JAN 15 1942 By
(Registrar's signature)

AUG 17 1967

APR 12 1943

JUN 2 1943

912-205-014-843

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1321-9th S St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 1006

File No. 7255

Registered No.

Full Name of Child —

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
girl	—	—	yes	Sept 5 19 17

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Rash	Elma Hallman
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Mo	Kansas
OCCUPATION	Truck driver	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D. (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Oct. 10 1917 Pearle Butler Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-D54-216

not

913-109-OTV-962

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72552

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. _____

Primary Registration District No. 1006

Registered No. _____

Full Name of Child LOREN ELTON Raley

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Loren Raley	FULL MAIDEN NAME	Charlotte B. Robbins
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Oct. 10 1919 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }ss.
County of Walla Walla }

Certificate No. 72552

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Loren Elton Raley (Name on Original Certificate) who born (Was Born or Died) on October 9,1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Loren Elton Raley
Loren Elton Raley		

Subscribed and sworn to before me this
day of June 2, 19 42

L. Lutz
Notary Public, residing at College Place
My commission expires 7-1-44
(Seal)

Signed James Loren Raley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

College Place
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 4 1942

517-217-014-245

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 7255

County of Canyon

City of Nampa

No. 300-9th ave N St.

Hospital —

Registration District No. 7

Primary Registration District No. 1006

File No.

Registered No.

Full Name of Child Jean Eagle

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH 9 (Month) 17 (Day) 1919 (Year)
F			

FATHER		MOTHER	
FULL NAME	John K. Eagle	FULL MAIDEN NAME	Mary E. Bundy
RESIDENCE	300-9th ave N.	RESIDENCE	300-9th ave N
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McLellan

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address [illegible] IDAHO

Filed Oct 10 1919 Pearle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1964

PLACE OF BIRTH

767-206-014-442

County of Canyon

City or Nampa

No 1103-10 Av. So. St

Hospital —

Form V. S. No. 11—25m-6-15.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72554

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Full Name of Child — Pope GRACE ELIZABETH

SEX OF CHILD female | Twin, Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH 10 (Month) 6 (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME Alva Otis Pope	FULL MAIDEN NAME Emma Duspiva
RESIDENCE Nampa, Ida.	RESIDENCE Nampa, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Pope Transfer.	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chittam M.D.

Nampa Ida

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 10 1918 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 23 1974

DEC 3 19[illegible]
DEC 7 195[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-111-040-962

PLACE OF BIRTH

Form V. S. No. 11-[illegible]-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72555

County of Shoshone

City of Wallace

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 140

Hospital Providence

FULL NAME OF CHILD Joseph Aloysius Bedard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Bedard	FULL MAIDEN NAME	Mary Rohrer
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Switzerland
OCCUPATION	Proprietor Theatre	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

Filed Sept 15 1919 H. C. Mowery

Registrar

Registrar

S-Y-CO 38071

OCT 8 1941

391-113-040-962

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72556

Registration District No. 127

File No. ____

Primary Registration District No. 2200

Registered No. 141

FULL NAME OF CHILD Earl Leslie Craig

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓ (To be answered only in event of plural births)		✓	Yes	Sept 13 1916

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Henry Craig	Ada Leona Robinson
RESIDENCE	Mace, Ida	Mace, Ida
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Kansas	Arkansas
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stockslager M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report.

....19....

....
Registrar

Filed Sept 17 1916

H. S. Mower
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-124040-355

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 1116 Canyon Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

72557

CERTIFICATE OF BIRTH

Registration District No. 12

Primary Registration District No. 2200

File No.

Registered No. 142

FULL NAME OF CHILD Warren Kenneth Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	Sept 21 1919

FATHER	MOTHER
FULL NAME George Andrew Smith	FULL MAIDEN NAME Elaine Marie Leeds
RESIDENCE Wallace Ida	RESIDENCE Wallace Ida
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
AGE AT LAST BIRTHDAY 34 (Years)	COLOR White
BIRTHPLACE Ida.	BIRTHPLACE Calif.
OCCUPATION Milkman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 P M. on the date above stated.

(Signature) L B Stackhouse MD.

(Physician or midwife)

Address

Filed Oct 2 1919 H. C. Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

354-226-040-643

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 127

No. ____ St.

Primary Registration District No. 2200

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72558

File No. ____

Registered No. 143

FULL NAME OF CHILD Alma Louise Leino

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Leino	Olga Ottila
RESIDENCE	Enaville Ida	Enaville Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	37 (Years)	38 (Years)
BIRTHPLACE	Finnland	Finnland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11a M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Sept 30 1919 C. Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-204-040-515

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72560

County of Shoshone

City of Wallace

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 145

Hospital Providence

FULL NAME OF CHILD Julia Frances Delange

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Oct 4 1919

	FATHER		MOTHER
FULL NAME	Phillip Delange	FULL MAIDEN NAME	Mathilda Van Davne
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Belgium	BIRTHPLACE	Belgium
OCCUPATION	Gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wallace Ida

Filed Oct 8 1919 H. C. Mowery Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-109-040-349

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 12 2

No. ____ St.

Hospital Providence

Primary Registration District No. 1200

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72561

File No. ____

Registered No. 146

FULL NAME OF CHILD Robert John Lyman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Lyman	Edith Turner
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Canada	Idaho
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Oct 9 1919 H. C. Mowery

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar

S-Y-CO 38071

FEB 3 1942

JUN 11 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717 2241004-864

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Bear Lake.

City of Dingle.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72562

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ANNIE RAMONA PARKER

Sex of Child Female	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 7 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar L. Parker	FULL MAIDEN NAME	Hilda Young
RESIDENCE	Dingle.	RESIDENCE	Dingle.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	London. England.
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Sutton

M. W. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed Oct 1st 1919 H. H. Kerr Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 72562

Date Filed MAR 2 7 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 24th 1919 (Date of Event)
in Wardboro Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church record (Bible Record, Insurance Policy, Etc.) prepared on July 24th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Annie Ramona Parker

Subscribed and sworn to before me this 19th
day of March, 1942

Glenn A. Coughlan
Notary Public, residing at Montpelier Idaho
My commission expires Jan 23, 1944
(Seal)

Signed O. F. Parker Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of March, 1942

Albert W. Jones
Notary Public, residing at Montpelier Idaho
My commission expires Notary Public, Residing at Montpelier, Ida My Commission Expires April 14, 1944
(Seal)

Signed Ernest Bardwell
(Signature of Any Credible Person Other Than Previous Year)

Montpelier Idaho
(Street Address, City, State)

MAR 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72563

County of Bear Lake

City of Montpelier

No. 243-102 004-655 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	7	Yes	Oct 2 1919

FATHER		MOTHER	
FULL NAME	Rudolph Sutter	FULL MAIDEN NAME	Jenna Wenner
RESIDENCE	Montpelier	RESIDENCE	Paris
COLOR	AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address [illegible]

19

Registrar

Filed 10-4 1919

[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 343-101-004-343 St.

Registration District No. 52

File No. 72564

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Nicklas J. Lucas

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gus Lucas	FULL MAIDEN NAME	Kate Lucas
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Germany	BIRTHPLACE	Washington
OCCUPATION	Lab for	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cushley

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier

19

Registrar

Filed 10-1-1919

Registrar

OCT 24 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 7 9 40 AM 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 72564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Lucas (Boy) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1919 (Birth or Death) (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
~~true facts are shown by~~ ~~(Bible Record, Insurance Policy, Etc.)~~ ~~prepared on~~ ~~(Give Date)~~, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Lucas	Nicklas J. Lucas

Subscribed and sworn to before me this 1st day of November, 1972

Notary Public, residing at Midvale, Utah
My commission expires 10-1-75
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1972

Notary Public, residing at Magna, Utah
My commission expires April 24, 1976
(Seal)

Signed [signature]
(Signature of Any Credible Person)

10046 So 1300 West
(Street Address, City, State)
Riverton Utah

FORM DH 60-155

CL 10/24/72

Honorable Discharge from Civilian Conservation Corps gives name as Nick J. Lucas Enrolled: Jan. 4, 1940.Dated Nov. 4, 1940. Signed by Edward N. Usnick, CCC Company Commander. Viewed by V. S.

NOV 14 1972

Honorable Discharge from Army gives name as Nicklas J. Lucas. Born Oct. 1, 1919 Date fo Separation June 20, 1945. Signed by H. E. Richter, WOJG. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72565

County of Bear Lake

City of Paris

No. 356-202.004-712 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	4	yes	Oct 2 1919

FATHER		MOTHER	
FULL NAME	Ezra J Lewis	FULL MAIDEN NAME	Lena Mary Passey
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Paris	BIRTHPLACE	Lanark
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Ashley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 10-4-1919 N. H. King

Registrar

Registrar

LEWIS

dup of 1919-75951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 553-230-004-249 St.

Registration District No. 52

File No. 72566

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	9 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Hokem Nelsen	FULL MAIDEN NAME	Ellen F Smith
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Norway	BIRTHPLACE	Minnesota
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Crabley

(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Ida

Registrar

Filed 10-1-1919 H H Young

Registrar

JAN 23 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. 365-227-004-271 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72567

Registration District No. 52

File No.

Primary Registration District No. 2136.

Registered No.

FULL NAME OF CHILD Ruth Anna Loveday

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivor J. Loveday	FULL MAIDEN NAME	Myrtle Spencer
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Laborer O.S.L. Shops	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 15 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Kingsley
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed Sept 27th 1919

H. H. Kingsley
Registrar

Registrar

[redacted]'s Birthcertificate, Idaho Birth, #351792 gives name as Unnamed Loveday; and Family Record, appears old, gives name as Ruth Anna Loveday – viewed by V.S.

NOV 28 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 72567

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Loveday (Name on Original Certificate) who born (Was Born or Died) on Sept. 27, 1919 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Anna Loveday

Subscribed and sworn to before me this 20th day of September, 19 58

Notary Public, residing at Pocatello, Ida.
My commission expires My Commission Expires Feb. 16, 1962
(Seal) Notary Public of Idaho Residing at Pocatello

Signed Elaine L Loveday
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

752 Birch Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of November, 19 58

Notary Public, residing at Pocatello, Ida.
My commission expires My Commission Expires Feb. 16, 1962
(Seal) Notary Public of Idaho, Residing at Pocatello

Signed Steven J Porter
(Signature of Any Credible Person)

71 Harrod Pocatello Idaho
(Street Address, City, State)

FORM DPH 55.155

VNCL 11-10-58. one copy pd.

DEC 1 0 1958

689-221-904-794

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72568

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD ..... Louise Whinham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 21st 1919

	FATHER	MOTHER
FULL NAME	James A Whinham	Rosella Gruning
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	England	Idaho
OCCUPATION	Hostler O.S.L. RR.	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Young

Physician

(Physician or midwife)

Address Montpelier Ida

Filed Oct 1 1919

H. N. Young
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-221-004-434

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital Franklin

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72569

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Magdelene Hillis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	Yes	Sept 21 1917

FATHER		MOTHER	
FULL NAME	William S. Hillis	FULL MAIDEN NAME	Margaret McDonald
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Chicago	BIRTHPLACE	Montpelier
OCCUPATION	Mechanic	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer C. Hinckley

Physician (Physician or midwife)

Address Montpelier

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-1-1917

J. H. Hillis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1950

354.219.004-157

Amended 10-3-61

(Be sure the information is complete and accurate)

State File No. 72570

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 52

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Geneva

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Geneva

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Inez b. (Middle): Elna c. (Last): Teuscher

4. SEX: Girl

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 9 - 19 - 1919

FATHER OF CHILD

7. FULL NAME a. (First): Henry b. (Middle): c. (Last): Teuscher

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Paris, Ida.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): c. (Last): Aegler

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 7

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Geo. F. Ashley

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-1-1919

20. REGISTRAR'S SIGNATURE: H.H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72570
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Tuscher (Name on Original Certificate) who born (Was Born or Died) on Sept. 19, 1919 (Date of Event)
in Geneva, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Inez Elna Teuscher
Full Name of Father	Henry Tuscher	Henry Teuscher
Full Maiden Name of Mother	Mary Augler	Mary Ageler

Subscribed and sworn to before me this 21 day of Oct, 1959
James D. Bartlome
Notary Public, residing at Montpelier Idaho
My commission expires 6-2-62
(Seal)

Signed Barbara T. Tuebler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Geneva Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Oct, 1959
James D. Bartlome
Notary Public, residing at Montpelier Idaho
My commission expires 6-2-62
(Seal)

Signed Lyman N. Tueller ~~Barbara T. Tuebler~~
(Signature of Any Credible Person)
Geneva, Idaho,
(Street Address, City, State)

FORM DPH 55. 185

CL 10-14-59. one copy pd. receipt #16102.

State of Utah, Certificate of Marriage, Nov. 23, 1900 at Logan, Utah gives full name of groom as Henry Teuscher and full maiden name of bride as Mary Aegler - viewed by V.S.

Another child's birth cert. on file (Idaho Birth) #4266 gives full name of parents as Henry Teuscher and Mary Aegler - viewed by V.S.

mother's maiden name appears to be correct on birth certificate, mistakenly taken and spelled as Augler - also child mispelled mother's maiden name as Ageler -

State of Idaho, Marriage Certificate, married Aug. 31, 1951 at Geneva, Idaho gives full name of groom as Henry Christian Zeller and full maiden name of bride as Inez Elna Teuscher - viewed by V.S.

Application for Social Security Account Number, May 15, 1940 -issued No. 528-20-1995 gives full name as Inez Elna Teuscher, born Sept. 19, 1919 at Geneva, Idaho to Henry Teuscher and Mary Aegler - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72570

County of Bear Lake

City of Geneva

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gre		Yes	9 19 1919

FATHER		MOTHER	
FULL NAME	Henry Fischer	FULL MAIDEN NAME	Mary Ziegler
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Pa	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Nyse

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

Filed 10-1-1919

Registrar

[illegible]

Registrar

OCT 3 1961

235-219.004-995

PLACE OF BIRTH

Amended 6/30/53

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 72571

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lucille Emma Stephens
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 19, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Bert Stephens	FULL MAIDEN NAME: Vivian Irving
RESIDENCE: Montpelier, Idaho	RESIDENCE: Montpelier, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Montpelier, Idaho	BIRTHPLACE: Montpelier, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 AM. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) George F. Ashley, M. D.

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 10/1/19 192 H. H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 72571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Lucille Emma Stephens (Name on Original Certificate) who was born (Was Born or Died) on 9-19-19 (Birth or Death) (Date of Event)
in Montpelier Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church family insurance (Bible Record, Insurance Policy, Etc.) prepared on 1919, 1919, 2-21-45, respectively (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth.	9-20-1919	Sept. 19, 1919
Mother's maiden name.	V. I. Irving	Vivian Irving

Subscribed and sworn to before me this 16th day of January, 1953

Ruth Aland
Notary Public, residing at
My commission expires
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1956

Signed Bert E. Stephens
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

532 N 4th Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

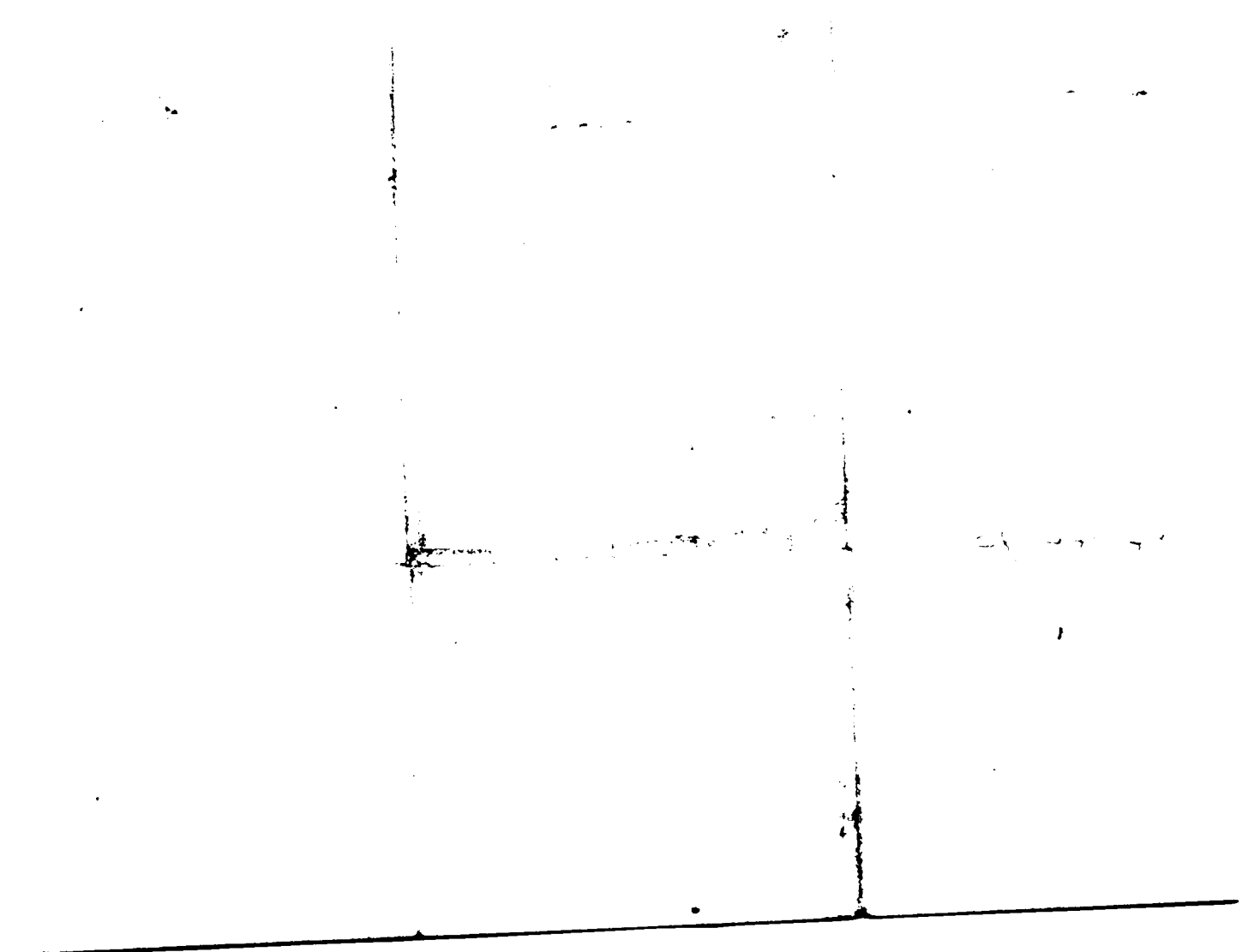
Subscribed and sworn to before me this 16th day of January, 1953

Ruth Aland
Notary Public, residing at
My commission expires
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1956

Signed Vivian Irving Stephens (mother)
(Signature of Any Credible Person)

532 N. 4th Montpelier Idaho.
(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72571

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD LUCILLE EMMA STEPHENS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gen	2	Yes	9-20-1919

FATHER		MOTHER	
FULL NAME	Bert Stephens	FULL MAIDEN NAME	V. I. Irving
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 10-1-1919 [signature]

Registrar

Registrar

JUN 30 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 799-217.004-281 St.

Registration District No. 52

File No. 72572

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child Gee

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 17 (Month) — (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis Engin	FULL MAIDEN NAME	Mary Byan
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 10-1-1919 [illegible]

Registrar

Registrar

962-205-004-714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72573

County of Bear Lake

City of Sanack

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD Verda May Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	6	Yes	9 10 1919

FATHER		MOTHER	
FULL NAME	Thomas Roberts	FULL MAIDEN NAME	Barbara Gauble
RESIDENCE	Sanack	RESIDENCE	Sanack
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-1- 19 19

[signature] Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A F...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

9 15 70

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 72573

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Roberts (Name on Original Certificate) who born (Was Born or Died) on Sept. 15, 1919 (Date of Event)
in Lanark, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Verda May Roberts

Subscribed and sworn to before me this 15th day of Sept., 19 70

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Delphard D. Nicholls
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. 908 - Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 322030 gives name of mother as Verda May Roberts born in Lanark, Idaho. Child born Sept. 17, 1941. Viewed by V.S.

Certificate of Blessing certified that Verda May Roberts was born Sept. 15, 1919 at Lanark, Bear Lake County, Idaho Blessed Nov. 9, 1919 in L.D.S.Church. Viewed by V.S.

OCT 2 1970
OCT 1 1 19[illegible]
OCT 1 1 19[illegible]

245-113004-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sheep Creek

Registration District No. 52

File No. 72574

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Evan Joseph Kunz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	9 13 1919

FATHER		MOTHER	
FULL NAME	L F Kunz	FULL MAIDEN NAME	A E Hunchi
RESIDENCE	Sheep Creek	RESIDENCE	Sheep Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Geo F Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 10-1-1919

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1951

281-112.004-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72575

County of Bear Lake

City of Montpelier

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	\	2	Yes	Sept. 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stephen Sharp Jr	FULL MAIDEN NAME	Mary Wells
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	S. L. City, Ut.	BIRTHPLACE	Ogden, Ut.
OCCUPATION	Livery & Feed	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier, Ida.

19

Filed 10-1-1919 H. H. King

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-112-004-385

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72576

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Richard C. Mulica

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emery E Mulica	FULL MAIDEN NAME	Helen Cherry
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Okla
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Gaertner

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

Registrar

Filed 10-1-1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

884-109.004-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72577

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 252

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	7	Yes	9 9 1919

FATHER		MOTHER	
FULL NAME	James A Hymas	FULL MAIDEN NAME	Ella M Hall
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	59 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 44 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Lichley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 10-1-1919

..... Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-13-60

PLACE OF BIRTH

269-204100V-845

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 72578

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD LoNetta Sorenson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	Sept. 4, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Charles S. Sorenson	FULL MAIDEN NAME: Amelia Hunzeker
RESIDENCE: Dingle	RESIDENCE: Dingle
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: New York
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Geo. F. Ashley

Physician (Physician or midwife)

Address Montpelier, Idaho

Filed 10-1-1919 H.H. King Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72578
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Sorensen (Name on Original Certificate) who born (Was Born or Died) on Sept. 4, 1919 (Date of Event) in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LoNetta Sorenson
Last Name of Father	Sorensen	Charles S. Sorenson
Full Maiden Name of Mother	M C Hunjke	X Amelia Hunzeker
Mother's Birthplace	Pams	New York

Subscribed and sworn to before me this 8 day of December, 1959
Vola M. Jones
Notary Public, residing at Montpelier, Idaho.
My commission expires June 25, 1962
(Seal)

Signed Lloyd R. Messerly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Soda Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of December, 1959
Vola M. Jones
Notary Public, residing at Montpelier, Idaho
My commission expires June 25, 1962
(Seal)

Signed Sidney E. Bungayne
(Signature of Any Credible Person)
427 N. 4th St. Montpelier Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 12-4-59. nm

L.D.S. Church Certificate of Blessing, Nov. 3, 1919 gives full name of child as LoNetta Sorenson and parents names as Charles S. Sorenson and Amelia C. Hunzeker - viewed by V.S.

~~Another~~

Own Child's Birth Cert. on file, #52-5364 gives mother's full maiden name as LoNetta Sorenson - viewed by V.S.

Mother's Death Certificate on file, #54-2430 gives full name as Amelia Clara Sorenson and maiden name as Hunzeker - viewed by V.S..also gives birthplace as Eden# Valley, New York -

Another Child's birth certificate on file #18026 gives father's full name as Charles S. Sorenson - viewed by V.S. also gives mother's birthplace as New York -

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72578

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	5	yes	9 4 1919

FATHER		MOTHER	
FULL NAME	Charles S Sorensen	FULL MAIDEN NAME	M C Hinzke
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuthley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 10-1-1919

H H King
Registrar

Registrar

JAN 13 1960

693-209 1004-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72579

County of Bear Lake

City of Nounan

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gre		Yes	9 9 9

FATHER		MOTHER	
FULL NAME	Leo A Williams	FULL MAIDEN NAME	Mary L Birch
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Mgr

Number of child of this mother, including present birth ... Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Idaho

Filed 10-1-1919 H H King

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1973

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72580

PLACE OF BIRTH

County of Bear Lake

972-108-004-759

City of Bennington

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD ALLEN LOREN IPSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	9 8 1919

FATHER		MOTHER	
FULL NAME	L. M. Ipsen	FULL MAIDEN NAME	Grace L. Perkins
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 69 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Lubley

Mongelle Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 16-1-1919

Registrar

Registrar

NOV 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 72580

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Ipsen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1919 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 8, 1919. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Allen Loren Ipsen

Subscribed and sworn to before me this 7
day of Nov., 19 42.
Albert E. Leonard
Notary Public, residing at Montpelier, Idaho.
My commission expires March 9, 1945
(Seal)

Signed Mrs Grace Ipsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bennington, Idaho (mother)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 9 1975

NOV 1 2 1982

215-206-004-845

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72581

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 6 1919

FATHER		MOTHER	
FULL NAME	Robert E. Bautto	FULL MAIDEN NAME	Josephine Hunter
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sheepraising	OCCUPATION	Wife

Number of child of this mother including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Physician

(Physician or midwife)

Address Montpelier Ida

Filed Oct 1 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-101-004-912

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake,

City Montpelier

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72582

Registration District No. 52

File No.

No. St.

Primary Registration District No. 236

Registered No.

Hospital

FULL NAME OF CHILD Boy William Wilkins

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	(To be answered only in event of plural births)	1	yes	Sept. 1, 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles O. Wilkins	Mary Rasmussen
RESIDENCE	Montpelier	Montpelier
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 30	White / 36
BIRTHPLACE	Bedford, Iowa	Mink Creek, Ida.
OCCUPATION	R.R. Brakeman	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elmer E. Stuckey, Physician

(Physician or midwife)

Address Montpelier, Ida.

Filed 10-1-19 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 72582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wilkins (boy child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dental records + Memory (see extra page) (Bible Record, Insurance Policy, Etc.) prepared on 3-27-46 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	William Wilkins

Subscribed and sworn to before me this 25 day of September, 1964.

Notary Public, residing at [illegible]
My commission expires 9-9-68
(Seal)

Signed Elmond M. Berry D.D.S.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

824 17th Ave So. Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nampa } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1964.

Notary Public, residing at Nampa
My commission expires 5-24-68
(Seal)

Signed Leonard E. Lewis
(Signature of Any Credible Person)

316 N. Lewis Ave
(Street Address, City, State) Nampa Ida

FORM DH 60-155

Own Child's Birth Cert. on file: (Idaho-Birth) #397523 gives full name of father as William Wilkins - viewed by V.S.

and dentist's statement attached -

NOV 17 1964

349-101-004-434

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72583

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Emmett Eugene Curran

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel F. Curran	FULL MAIDEN NAME	Catherine McDonald
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Idaho
OCCUPATION	Loco. Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Idaho

Filed Oct 1st 1919 H. H. King

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 27, 1940. E.W.

DEC 5 1956

219-231004-348

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

Name added 6-24-82

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 52

72584

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD ..... LaRue Darlene Sarbach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	Yes	Aug 31 19

FATHER

FULL NAME David Sarbach

RESIDENCE Montpelier

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Montpelier

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Emma Lucas

RESIDENCE Montpelier

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Germany

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Grant Lindsley

Physician

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-1- 19 49

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/2/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 24 12 16 PM '82

State of _____ } ss.
County of _____ }

Certificate No. 72584
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Sarbach (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 31, 1919 (Date of Event)

in Montpelier, ID Bear Lake (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	LaRue ~~Darling~~ Darlene Sarbach

Subscribed and sworn to before me this 15th day of June, 1922

Notary Public, [illegible]
Residing at 4410 Eastwood Way Sacramento, Calif.
My commission expires 2-23-1983

(Seal)

La Rue Darlene Sarbach
Signature of Applicant

6324 Clarissen Way North Highlands, California 95660
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of SACRAMENTO COUNTY, CALIFORNIA }

J. A. [illegible]
NOTARY PUBLIC
My commission expires November 23, 1983

The undersigned does swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

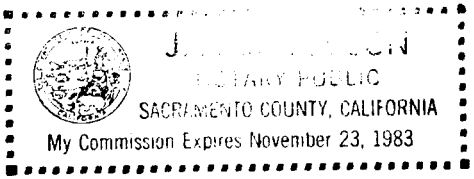
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage license gives name of bride as Miss LaRue Darlene Sarbach married to Benoni Mackelprang on April 14 1938, in S.L.C.. County License # 78993
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as LaRue Darlene Sarbach born Aug 31, 1919, at Montpelier to David Sarbach and Emma Lucas. Baptized Aug 19, 1928.
Viewed by V.S.



64723 0-004-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72585

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. .....

Primary Registration District No. 206 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eudora Irene Wixom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 30th 19

	FATHER	MOTHER
FULL NAME	Avery N. Wixom	FULL MAIDEN NAME Eudora Irene Sorenson
RESIDENCE	Liberty Idaho	RESIDENCE Liberty
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. H. Young Phys.

(Physician or midwife)

Address Montpelier Idaho

Filed Oct 1st 1917

Registrar

-445-129-204-397

PLACE OF BIRTH

AMENDED - OCTOBER 27, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 72586

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD John Alden Dunn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 29 1919

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Noah B. Dunn	FULL MAIDEN NAME	Abigail Tippets
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Bennington, Idaho	BIRTHPLACE	Bingham City
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Elmer E. Hinckley

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 10/1/19 H. H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Cache } ss.

Certificate No. 72586

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Dunn (Name on Original Certificate) who Born (Was Born or Died) on Aug. 29, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan. 4, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Richard Dunn	John Alden Dunn

Subscribed and sworn to before me this 23rd day of October, 1948

Notary Public, residing at Logan, Utah
My commission expires Aug. 2, 1952
(Seal)

Signed W. Brady Dunn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
265 No. 3rd East Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1948

Notary Public, residing at Logan, Utah
My commission expires Aug. 2, 1952
(Seal)

Signed Warren Schow
(Signature of Any Credible Person)
332 East 3rd So. Logan, Utah
(Street Address, City, State)

1 copy - pd.

OCT 28 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-1.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 72586

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Richard Dunn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy			9th	Yes	Aug. 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Noah B. Dunn	FULL MAIDEN NAME	Abigail Tippets
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Brigham City
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida.

Filed 10-1-1919 [signature]

Registrar Registrar

99.5-229.004-553

Amended 4-13-62

(Be sure the information is complete and accurate)

State File No. 72587

Local Reg. No.

Reg. Dist. No. 52

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Maxine

b. (Middle):

c. (Last): Irving

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) August (Day) 29, (Year) 1919

0400 PM

FATHER OF CHILD

7. FULL NAME

a. (First): Alonzo

b. (Middle): Chester

c. (Last): Irving

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Margaret

b. (Middle): Winona

c. (Last): Nelson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. H. King

18c. ADDRESS: Montpelier, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 1, 1919

20. REGISTRAR'S SIGNATURE: H.H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. ... standard serological test for syphilis performed? [ ] [ ]

MISTAKE IN THE ENTRIES MADE ON THIS CERTIFICATE SHOULD BE CORRECTED AT ONCE. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72587
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Irving (Name on Original Certificate) who born (Was Born or Died) on Aug. 28, 1919 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Maxine Irving
Child's Date of Birth	Aug. 28, 1919	August 29, 1919
Father's Full Name	Chester Alonzo Irving	Alonzo Chester Irving

Subscribed and sworn to before me this 11 day of May, 1960

Juanita Derricott
Notary Public, residing at Montpelier, Idaho
My commission expires 7-7-62
(Seal)

Signed H. H. King MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of May, 1960

Juanita Derricott
Notary Public, residing at Montpelier, Idaho
My commission expires 7-7-62
(Seal)

Signed H. H. King MD
(Signature of Any Credible Person)

attending Physician
Montpelier Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 5-6-60. one copy pd. receipt #01803.

L.D.S. Church Certificate of Baptism and Confirmation, Aug. 19, 1928 gives full name of child as Maxine Irving, born Aug. 29, 1919 at Montpelier, Idaho to Alonzo Chester Irving and Winona Nelson - viewed by V.S.

Own Child's Birth Certificate on file, #362478, gives full name of parents as Louis Jack Stuart and Maxine Irving - viewed by V.S.

Application to the Beneficial Life Insurance Co., #230114, Aug. 24, 1941 gives full name as Maxine Irving Stuart, born Aug. 29, 1919 at Montpelier, Idaho, beneficiary is given as Louis J. Stuart, husband - viewed by V.S.

State of Idaho, Bear Lake County, Marriage License and Certificate, license obtained Jan. 2, 1919 at Paris - married Jan. 2, 1919 at Paris, Idaho gives full name of groom as Alonzo Chester Irving and full name of bride as Winona Nelson - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72587

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 28th 1919

FATHER		MOTHER	
FULL NAME	Chester Alonzo Irving	FULL MAIDEN NAME	Margaret Winona Nelson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. King

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Idaho

Filed Oct 1st 1919 N. H. King

Registrar

Registrar

APR 13 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RITTEN must be made for each and the number of each, in order of birth stated.

795/27-004-269 Amended 5/30/79

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 72588

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Dale Emerson Pinckney

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		2	Yes	Aug. 27, 19..

	FATHER	MOTHER
FULL NAME	Edwin Eames Pinckney	FULL MAIDEN NAME Emma M. Sorensen
RESIDENCE	Georgetown	RESIDENCE Georgetown
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Grand Rapids, Mich.	BIRTHPLACE Georgetown
OCCUPATION	Farming	OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elmer E. Hinckley

Physician

(Physician or midwife)

Address Montpelier Ida

Filed Nov 1 1979

Registrar

FEB 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
APR 21 12 38 PM '79
BUREAU OF VITAL STATISTICS

State of OREGON
County of MARION } ss.

Certificate No. 72588
Date Filed 4-24-1979

The undersigned does solemnly swear that certain facts on the certificate of birth
for Dale Emerson Pickney (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 27, 1919 (Date of Event)
in Georgetown, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's last name	Pickney	~~Pinkney~~ Pinckney

Subscribed and sworn to before me this 12th day of April 1979
Notary Public, Camilla Lin Rux
Residing at Salem - Marion Co. - Oregon
My commission expires Jan. 23, 1983
(Seal)

Dale E. Pinckney
Signature of Applicant
4305 Eden St. SE, Salem, OR 97301
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Marion } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of April 1979
Notary Public, Camilla Lin Rux
Residing at Salem - Marion Co. - Oregon
My commission expires Jan. 23, 1983
(Seal)

Edwin E. Pinckney
Supporting Signature
1209 East 3545 South,
Salt Lake City, Utah 84106
Street Address, City, State

CL 4/2/79 1cc pd. rec. #8874

Military record and Report of Separation Certificate of Service from the U.S.Army gives name as Dale E. Pinckney born Aug 27, 1919 at Georgetown, Idaho. date of Separation May 28, 1946. viewed by V. S.

MAY 30 1979

Insurance policy from Beneficial Life Ins. Co. of Utah gives name as Dale Emerson Pickney No. 107336. Dated Aug 1, 1930. Listed as Beneficiary was father, Edwin E. Pinckney. viewed by V S

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-336-004-386

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72589

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Elaine George

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 26 1919

FATHER		MOTHER	
FULL NAME	Udell George	FULL MAIDEN NAME	Mary Thompson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

..... 19 .....

File Oct 1 1919 H H King

Registrar Registrar

APR 30 1942

Amended 6/9/72

445-22-6004 693

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72590
Local Reg. No. 52
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Virginia b. (Middle): Elizabeth c. (Last): Dunn

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 26, 1919

FATHER OF CHILD

1030 #1

7. FULL NAME

a. (First): Jesse b. (Middle): c. (Last): Dunn

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth b. (Middle): c. (Last): Williams

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. H. King

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 1, 1919

22. REGISTRAR'S SIGNATURE: H. H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Time: 10:30 P.M.

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only typewriter. Type or print clearly with pen and black ink. Before completing this certificate, read carefully the instructions on the reverse side. Additional information may be required by LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 9 11 50 AM 72

State of .....
County of .....

Certificate No. 72590

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Dunn (Name on Original Certificate) who was born (Was Born or Died) on Aug. 26, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	~~Unnamed~~ Ruth	Virginia Elizabeth Dunn

Subscribed and sworn to before me this 8th day of June, 19 72

Notary Public, residing at Montpelier Idaho
My commission expires 4/1/74
(Seal)

Signed Elmer A Burgon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
428 Garfield Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 19 72

Notary Public, residing at Montpelier Idaho
My commission expires 4/1/74
(Seal)

Signed Walter G Rohner
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/6/72 nm RUSH!

Certif. of Batizm and Confirmartion from LDS Church gives name as Virginia Elizabeth Dunn daughter of Jesse Dunn and Elizabeth Williams. Born Aug. 26, 1919. Was Baptized March 4, 1938.and Confmd. March 4, 1928. Viewed by V. S.

Certif. of Blessing from LDS Church gives name as Virginia Elizabeth Dunn daughter of Jesse Dunn and Lizzie Williams. Born Aug. 26, 1919. Was Blessed Dec. 7, 1919. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72590

Registration District No. 52 File No.

No. St. Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Ruth Dunn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 26th 1919

FATHER		MOTHER	
FULL NAME	Jesse Dunn	FULL MAIDEN NAME	Elizabeth Williams
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	Mute	COLOR	Mute
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kling

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Registrar

Filed Oct 1st 1919 H H Kling Registrar

JUN 6 1972

JUN 9 1972

245-223-004-573

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72591

Registration District No. 52

File No. .....

Primary Registration District No. 2134

Registered No. .....

FULL NAME OF CHILD ..... Ione Smedley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Aug 20 19

FATHER	MOTHER
FULL NAME E F Smedley	FULL MAIDEN NAME Sarah P. Nate
RESIDENCE Dingle	RESIDENCE Dingle
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Paris	BIRTHPLACE Dingle
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Smedley

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

..... 19 .....

Filed 10-1-1919

..... Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 15 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 72591
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Smedley (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8/23/19 (Date of Event)

in Dingle, ID Bear Lake (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Ione Smedley

Subscribed and sworn to before me this 19th day of June, 1981.

Notary Public, Barbara Harris

Residing at Dixie Ida

My commission expires 10/83

(Seal)

x Ione Smedley Lyon
Signature of Applicant

BOX 216 Rona Idaho.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

6/17/81

Certofocate pf Baptism and Confirmation gives name as Ione Smedley daughter of Edward F. Smedley and sarah P. Nate born August 23, 1919, at Dingle, Idaho and Baptized Sept. 2, 1928, L.D.s.church.
Viewed by V.S.

Marriage certificate gives name as Ione Smedley Hansen married in Bannock County on August 27, 1954. County file # 302555
Viewed by V.S.

286-223.004-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 72592

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Blanche Short

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gen		Yes	8-23-1919

FATHER		MOTHER	
FULL NAME	Leslie Short	FULL MAIDEN NAME	Blanche Alice Schmid Schmit
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Montpelier	BIRTHPLACE	Dingle
OCCUPATION	Lobo	OCCUPATION	wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 10-1 1919

H H Kerr

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-219 004-39 PLACE OF BIRTH Amended 3/28/73

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

72593

County of Bear Lake

City of Bennington Registration District No. 52 File No.

No. St. Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Elizabeth Amelia Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	8-19-9

FATHER		MOTHER	
FULL NAME	Lehi J. Anderson	FULL MAIDEN NAME	Sarah A Crane
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Chesterfield Idg	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

(Physician or midwife)

Address Montpelier Ida

Filed Oct 1 19 19

[illegible]
Registrar

JAN 19 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 19 10 21 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake

Certificate No. 72593

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Anderson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1919 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church Record/"Certificate of Blessing" (Bible Record, Insurance Policy, Etc.) prepared on Nov. 2nd 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elizabeth Amelia Anderson
Father's name	Lee J. Anderson	Lehi J. Anderson
		Lehi J Anderson

Subscribed and sworn to before me this 13th day of February, 1973

Dana Thatcher
Notary Public, residing at S.L.C., Utah
My commission expires 11-8-75
(Seal)

Signed X Lehi J. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2310 Delia Dr., Salt Lake City, Utah 84109
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 1973

Notary Public, residing at Reno, Nevada
My commission expires
(Seal)

Signed L. Grand Bennion
(Signature of Any Credible Person)

1300 Prospect Ave., Sparks, Nev. 89431
(Street Address, City, State)

DOROTHY F. GIBBENS
Notary Public — State of Nevada
Washoe County
My Commission Expires Sept. 1, 1976

FORM DH 60-155 CL 1/19/73

MAR 2 8 1973

Certificate of Blessing from LDS Church gives name as Elizabeth Amelia

Anderson daughter of Lehi J. and Sarah L.L. Crane. Born Aug. 19, 1919. Was Blessed Nov. 2, 1919. Viewed by V. S.

Certif. of Baptism and Confirmation from LDS Church gives name as Elizabeth Amerilia Anderson daughter of Lehi J. Anderson and Sarah L. Crane. Born Aug. 19, 1919. Was Baptized Jan. 28, 1928. Viewed by V. S.

266-219, 004-995

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier — Registration District No. 52 — File No. 7259

No. ..... St. — Primary Registration District No. 2136 — Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... LOIS BOWCUTT .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	August 19, 1917

FATHER		MOTHER	
FULL NAME	C. E. Bowcutt	FULL MAIDEN NAME	B. P. Young
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Singer

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Bowcutt

C. E. Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-1- 19 17

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Sweetwater }

Certificate No. 72594

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lois Bowcutt (Name on Original Certificate) who was born (Was Born or Died) on August 19, 1919 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on August 16, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lois Bowcutt

Subscribed and sworn to before me this 13th day of June, 1942

Helen Y. Hamm, County Clerk by Norma Petre Kish Deputy

Notary Public, residing at Green River, Wyoming

My commission expires January 4, 1943
(Seal)

Signed Albert E Bowcutt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of July, 1942

Levi Aland

Notary Public, residing at

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

My commission expires
(Seal)

Signed X Vivian Stephens
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 10 1942

JUL 1 1 1942

245-21-1004-245

PLACE OF BIRTH

Amended April 27, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. 52

File No. 72595

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Merna Kunz

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	August 18 19

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3 ...

FATHER		MOTHER	
FULL NAME	B.W. Kunz	FULL MAIDEN NAME	Rosanna Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Wardboro, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Geo. F. Ashley

Physician (Physician or midwife)

Address Montpelier, Idaho

Filed 10-1 19 192.. H.H. King

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
Amended Sept. 18, 1958

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 72595

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Merna Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 18, 1919

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	B. W. Kunz	FULL MAIDEN NAME	Rosanna Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

Physician
(Physician or midwife)

Address Montpelier, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed 10-1- 1919 H.H. King
Registrar.

Rosanna Kunz's birth certificate from L.D.S., Bear Lake Stake, Bern Ward, Book #13483, Line 76, Entered on record prior to 1908, gives birthplace as Wardboro, Bear Lake Co. Idaho, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Statement regarding a Patriarchal blessing to Rosanna Kunz, by Samuel Kunz, date 6-14-17, Bern, gives birthplace as Wardboro, Idaho, viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72595

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Merna Kunz (Name on Original Certificate) who was born (Was Born or Died) on August 18, 1919 (Date of Event)

in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's birthplace	Bern,	Wardboro, Idaho

Subscribed and sworn to before me this 22 day of Sept, 1959

A. Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1960

(Seal)

Signed Mrs Rosanna Kunz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

175 N - 1st West, Salt Lake City, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

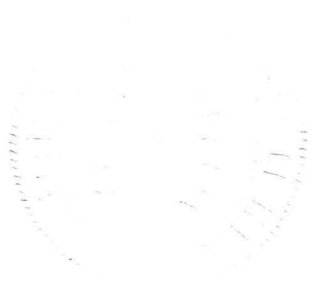
(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DPH 55. 155

1 COPY Paid



Father
social security card, issued Feb. 17, 1937 own cert. of blessing issued 10-7-1919 viewed by V.S.
own Social Security card IDAHO STATE BOARD OF HEALTH
issued 8-20-37 viewed by V.S. DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 72595
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Kunz (Name on Original Certificate) who was born (Was Born or Died) on August 18, 1919 (Date of Event)
in Bern, Bear Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by another child's birth (Bible Record, Insurance Policy, Etc.) prepared on certificate #37738 born Jan. 1, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Kunz	Merna Kunz
Father's name	W. B. Kunz	B. W. Kunz

Subscribed and sworn to before me this 8th day of Sept, 1958
George P. Kuhn
Notary Public, residing at S.L.C., Ut.
My commission expires 12-1-58
(Seal)

Signed Rosanna Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
X
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Sept, 1958
Notary Public, residing at George P. Kuhn
My commission expires 12-1-58
(Seal)

Signed Sophie K. Bateman X
(Signature of Any Credible Person)
(Street Address, City, State)

FORM DRH 55 155 cj

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72595

County of Bear Lake

City of Bern

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	8 18 1919

FATHER		MOTHER	
FULL NAME	W. B. Kinny	FULL MAIDEN NAME	Rosanna Kinny
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Bern	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lindley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 10-1-1919

..... Registrar

H. H. Kinny Registrar

SEP 18 1956

APR 27 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

name added 12-22-82

County of Bear Lake

City of Sharon

No. 142-217-004553 St.

Registration District No. 52

File No. 72596

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Muriel Austin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	8 17 1919

FATHER		MOTHER	
FULL NAME	Horace Austin	FULL MAIDEN NAME	Mary A Nelson
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Liberty	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 10-1-1919 [signature]

Registrar

Registrar

11-5-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 10 10 21 AM '82

State of Washington
County of Chelan } ss.

Certificate No. 72596
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Austin (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 17, 1919 (Date of Event)

in Sharon (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Muriel Austin

Subscribed and sworn to before me this 11-23-82 day of
11-23 1982

Notary Public, Floyd A Sparks
Residing at Cashmere, Wa.
My commission expires 6-23-86
(Seal)

X Muriel Austin Peach
Signature of Applicant
924 Plum Wenatchee Wash
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of
November 19 82

Notary Public, Emma Towers
Residing at Boise, Idaho
My commission expires 4-1984
(Seal)

Emma Wood Austin Bowers
Supporting Signature
1900 Good ST Boise Idaho
Street Address, City, State

lcc pd

LDS Church record gives Muriel Austin born 8-17-19 in Sharon, Bear Lake County, Idaho to Horatius N Austin and Mary Ann Nielsen was entered on record 11-2-19. Viewed by V.S.

DEC 22 1982

University of Utah Record of Muriel Austin daughter of H.N. Austin. born 8-17-19 student . Document dated 11-5-45. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 72597

No. 245-216-004-/154 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	8 16 1919

FATHER		MOTHER	
FULL NAME	Victor Sinemsen	FULL MAIDEN NAME	Ella Anderson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Chicago	BIRTHPLACE	Missouri
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 10-1-1919 [signature]

Registrar

Registrar

866-116-004-219

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72598

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Boy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	—		2	yes	Aug. 16th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeRoy Hoff	FULL MAIDEN NAME	Laura Bartschi
RESIDENCE	Georgetown	RESIDENCE	Georgetown Nounnan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Georgetown	BIRTHPLACE	Nounnan
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed Oct 1st 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 72599

No. 793-213-004-384 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	8 13 1919

FATHER		MOTHER	
FULL NAME	Carl Gilgen	FULL MAIDEN NAME	
RESIDENCE	Montpelier	RESIDENCE	Rachel Thinkel
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Bear	BIRTHPLACE	Logan
OCCUPATION	Labor	OCCUPATION	None

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 10-1-1919

Registrar

[signature]

Registrar

259-104-00K-844

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Hardboro

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72600

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD David Lamar Berrey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	\		9th	yes	Aug. 4th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John A. Berrey	FULL MAIDEN NAME	Mary Humphreys
RESIDENCE	Hardboro	RESIDENCE	Hardboro
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Bear Lake	BIRTHPLACE	Paris, Ida.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed Oct 1 1919 H. H. King

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 19[illegible]

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

269-227-004-397 No. ..... St.

Registration District No. 52 File No. 72601

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD MARY MARJORIE SORENSEN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		one	yes	July 27 1917

FATHER		MOTHER	
FULL NAME	Harrison Sorenson	FULL MAIDEN NAME	Edith Tippets
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hillard, Utah	BIRTHPLACE	Georgetown
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

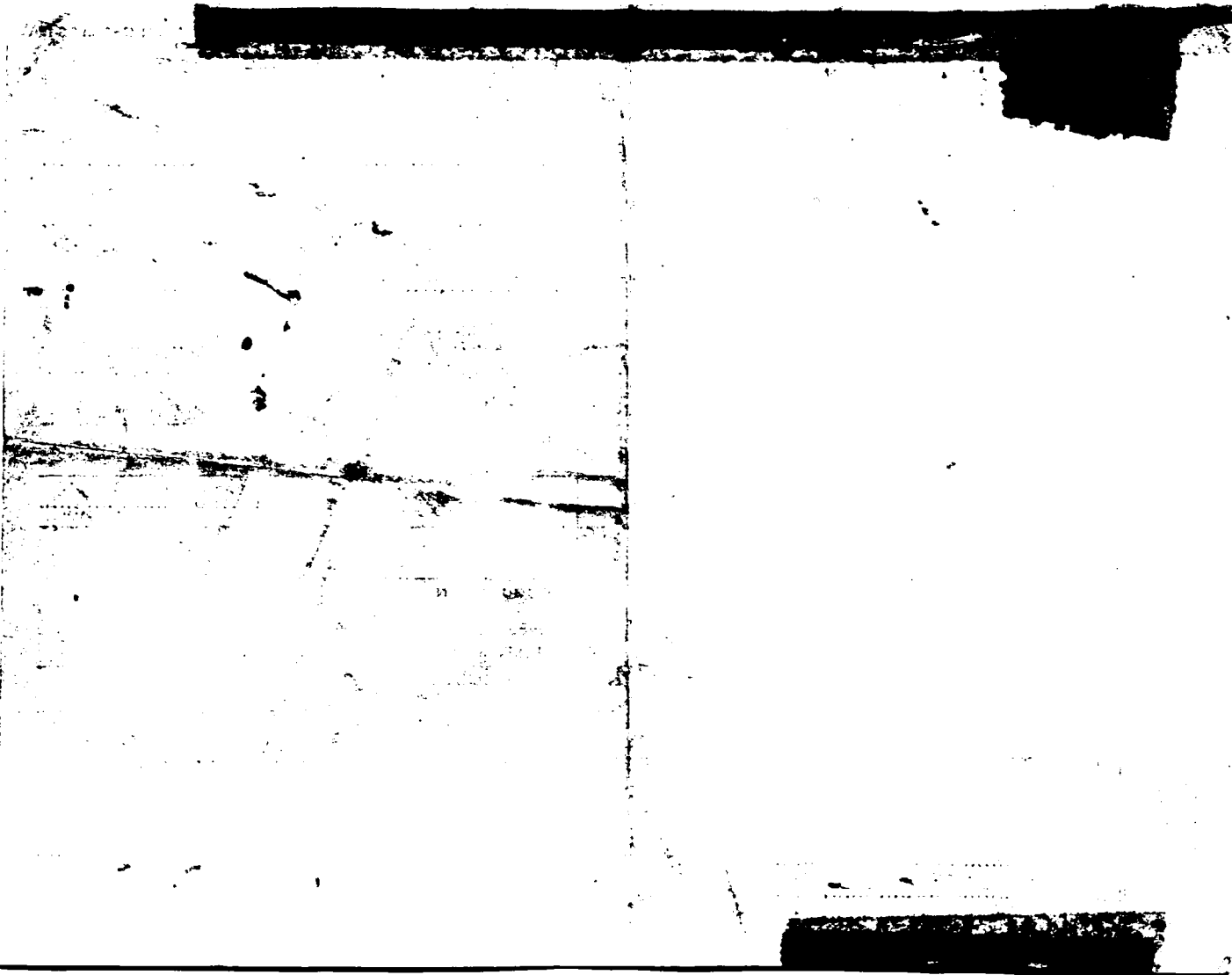
Address Montpelier Ida.

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed Oct 1 1917 H H Ling Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 72601
County of Caribou } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth of Mary Marjorie (Birth ~~or Death~~)
~~for~~ Sorensen (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1919 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Boise, Idaho Records (Bible Record, Insurance Policy, Etc.) prepared on or about July 27, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margie	Mary Marjorie Sorensen

Subscribed and sworn to before me this 19th day of April 1943

S. T. Thatchews
Notary Public, residing at Soda Springs Idaho
My commission expires Aug. 2, 1944
(Seal)

Signed Lara Sorensen Hayes MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April 1943

S. T. Thatchews
Notary Public, residing at Soda Springs Ida.
My commission expires Aug. 2, 1944
(Seal)

Signed Mary E. Tippetts GRANDMOTHER
(Signature of Any Credible Person Other Than Previous Year)

Georgetown Idaho
(Street Address, City, State)

APR 2 3 1943

[redacted] 261-207-029-553

CERTIFICATE OF BIRTH name added 9-14-81

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72602

County of Latah

City of Deary P.I. Registration District No. 2147 File No. 5

No. ..... St. Primary Registration District No. 67 Registered No. 5

Hospital .....

FULL NAME OF CHILD Margaret Sonya Swan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	V	V	Yes	9-7-19

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Iver W. Swan	Annie Nelson
RESIDENCE	Deary I.P.I.	Deary P.I.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	41
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.E. Faust

(Physician or midwife)

Address Deary

Given names added from a supplemental report.

9-8-19 P.E. Faust Registrar

Filed 9-8-19 P.E. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-8-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Tulare } ss.

Certificate No. 72602
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Swan (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-7-19 (Date of Event)

in Deary (latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
~~child's name~~	Unnamed	Margaret Sonya Swan

JOANN MACHADO
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
TULARE COUNTY
My Commission Expires June 23, 1981

~~Subscribed and sworn to before me this~~ 16th day of April, 19 81

Notary Public, JoAnn Machado
Residing at 304 E. Tulare Tulare, CA 93274
My commission expires June 23, 1981
(Seal)

Margaret Sonya Swan Evans
Signature of Applicant
13603 Ave 160 Tipton Ca. 93272
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Shoshone } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1981.

Notary Public, _____
Residing at Osburn, Idaho
My commission expires 8-15-84
(Seal)

_____
Supporting Signature

P. O. Box 585 Pinehurst, Idaho 83850
Street Address, City, State

Family Bible gives Margaret Sonya Swan and George Eugene Evans were married in Harvard, ID on 6-20-41 her date of birth is 9-7-19 in Deary, ID.
Viewed by V.S. (obviously old)

SEP 14 1981

Marriage announcement gives Margaret Sonya Swan to be married to George Eugene Evans on 6-20-1941. at Harward, ID Viewed by V.S.

212-109-029-445

PLACE OF BIRTH

County of Latah

City of Deary R.1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

72603

Registration District No. 2147 File No. 5

Primary Registration District No. 67 Registered No. 9

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	9 (Month) 9 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed. W. Baker	FULL MAIDEN NAME	Pearl Munroe
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ky.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

9-12 1919

R. C. Faust
Registrar

Address Deary

Filed 9-12 1919 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-212:029-234

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72604

County of Latah

City of Deary, R.1 Registration District No. 2147 File No. 5

No. ..... St. Primary Registration District No. 67 Registered No. 10

Hospital .....

FULL NAME OF CHILD Melba Pearline Brannon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	Sept. 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry O. Brannon	FULL MAIDEN NAME	Clara Sturman
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

9-15 1919

P. C. Faust Registrar

Address Deary

Filed 9-15 1919 P. C. Faust Registrar

847-103-029-243

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72605

County of Latah

City of Avon R.I.

Registration District No. 2147 File No. 3

No. ..... St.

Primary Registration District No. 67 Registered No. 11

Hospital .....

FULL NAME OF CHILD Dale Bernard Hughes

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)		Yes	Oct. 3 1919

FATHER	MOTHER
FULL NAME Mont Hughes	FULL MAIDEN NAME Sylvia Butler
RESIDENCE dead	RESIDENCE Avon R.I.
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Mo.
OCCUPATION Laborer	OCCUPATION H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Tanst Physician
(Physician or midwife)

Given names added from a supplemental report.

10-11 1919 Address Deary

P. E. Tanst Registrar

Filed 10-11 1919 P. E. Tanst Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-209-029-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72606

County of Latah

City of Deary

Registration District No. 2147 File No. 5

No. ..... St.

Primary Registration District No. 67 Registered No. 12

Hospital .....

FULL NAME OF CHILD Gladys Maxine Olson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	Yes	Oct. 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Olson	FULL MAIDEN NAME	Helen Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	So. Dak.	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

10-11 1919 Address Deary

P. C. Faust Registrar Filed 10/11 1919 P. C. Faust Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1958

DEC 23 1965

142-10[redacted]791

PLA[redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72607

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

Registration District No. 53

File No. 390

Primary Registration District No. 2132

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	X	1	yes	10 – 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mark Auston	FULL MAIDEN NAME	Gertrude D. Gramshaw
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Liberty	BIRTHPLACE	London
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Sutton

M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Paris Ida.

Filed 10/10/19 19____ P. J. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

653-208 ~~204~~ 653

PLACE OF BIRTH

Child's name added & mother's name amended
6-9-89 MCM

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72608

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 380

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD MARGARET WELKER

Sex of Child female | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 8-8-19 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Roy A. Welker	FULL MAIDEN NAME	Elizabeth ~~H. Welker~~ HOGE
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Instructor	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Idaho

Filed 9-10-1919 R. J. Sutton

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Child's name added & mother's name amended
6-9-89 MCM

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72608

Given names added from a supplemental report.

Address [illegible]

Filed 9-10-19 [illegible]

Registrar

Registrar

3-27-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

APR 12 9 09 AM '89

Certificate No. 72608
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 8, 1919 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Margaret Welker
Mother's maiden name	Welker	Hoge

Subscribed and sworn to before me this 30 day of March, 1989

Notary Public, Alvin G. Hunter

Residing at 3755 Pearl St

My commission expires 10-16-1990

(Seal)

ALVIN G. HUNTERSTEIN
Notary Public, California
LOS ANGELES COUNTY
My Comm. Exp. Oct. 16, 1990

Margaret H. Nielson
Signature of Applicant

x 4851 Hazeltine Sherman Oaks
Street Address, City, State Ca. 91423

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Membership record shows Margaret Welker born Aug 8, 1919 in Paris to Roy A Welker & Elizabeth Hoge and baptized Oct 29, 1927 by Wayne H Bird. Viewed by VS.

Application to Beneficial Life Insurance Co shows Margaret W Nielson born Aug 8, 1919 in Paris and signed Sept 16, 1943. Viewed by VS.

JUN 9 1989

Deseret News Nov 1958 shows Roy A Welker married Elizabeth Hoge in 1907 in Salt Lake City, UT. Viewed by VS.

255-217-[illegible]4-386

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72609

County of Bear Lake

City of Bloomington Registration District No. 53 File No. 381

No. ..... St. Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lillis Bee

Sex of Child female | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 8-17-19 191... (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. R. Bee	FULL MAIDEN NAME	Alta Thornock
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sullow

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Paris Ida

Filed 9-10 1919 R. J. Sullow Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 7 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 72609

Date Filed .....

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Unnamed Bee (female child) who was born on Aug. 17, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Bloomington, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lillis Bee

Subscribed and sworn to before me this 25th day of
April 1964
Ruth Aland
Notary Public, residing at
My commission expires
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1968

Signed Lenore R. Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bennington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
April 1964
Ruth Aland
Notary Public, residing at
My commission expires
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1968

Signed Lenore Wright
(Signature of Any Credible Person)
Bennington, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-12-64. nm

L.D.S. Church Certificate of Birth, entered on record. Oct. 15, 1919 gives full name as Lillis Bee, born Aug. 17, 1919 at Bloomington, Idaho to William Richard Bee and Alta Thornock - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #390647 gives full maiden name of mother as Lillis Bee - viewed by V.S.

MAY 14 1964

852-217-004-995

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72610

County of Bear Lake

City of Paris

Registration District No. 63

File No. 382

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD Hazel Hess

Sex Child Female | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 8 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Milford Nolton Hess	FULL MAIDEN NAME	Marie Rieder
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Lutton M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Paris Ida

_____ 19__

Filed 9-10 1919 R. J. Lutton Registrar

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 72610

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Hazel Hess Buck (BIRTH OR DEATH)
for Hazel Hess (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Aug 17, 1919 (DATE OF EVENT)
in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Hazel Hess

Subscribed and sworn to before me this 6th
day of May 1942

Notary Public, residing at Twin Falls

My commission expires Jan 20, 1945
(SEAL)

Signed Mrs. Marie Hess
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Twin Falls
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of May 1942

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan 20, 1945
(SEAL)

Signed Mary E Paterson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 7 1942 By
(REGISTRAR'S SIGNATURE)

MAY 8 1942

JUN 1 0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-223-004-131 ADDED CHILD'S NAME 8-17-99 MS

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72611

County of Bear Lake

City of Bloomington Registration District No. 63 File No. 383

No. ..... St. Primary Registration District No. 2182 Registered No. .....

Hospital .....

FULL NAME OF CHILD RUBY SARAH PAYNE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1		1	yes	8-2-3-1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Payne	FULL MAIDEN NAME	Mildred Clara Aland
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

(Signature) [signature]
M.D.
(Physician or midwife)

Address Paris

Filed 9-10-1919 [signature]
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

7-26-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

VITAL STATISTICS
99 AUG 16 PM 1:48

Certificate No. 1919-72611
Date Filed SEP. 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED PAYNE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on AUG. 23, 1919 (Date of Event)

in BLOOMINGTON (BEAR LAKE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED PAYNE	RUBY SARAH PAYNE

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, Mary S McKinnon
Residing at Brigham City, Ut
My commission expires 4-4-01
(Seal)

NOTARY PUBLIC
MARY S. MCKINNON
01 South Main
Brigham City, UT 84302
My Commission Expires
April 4th, 2001
STATE OF UTAH

× Ruby S Godfrey
Signature of Applicant

× 127 So. 300 W
Street Address, City, State

Brigham city Ut

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc Pd

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS RUBY SARAH PAYNE BORN AUG. 23, 1919 IN BLOOMINGTON ID WAS BLESSED NOV. 2, 1919 VIEWED VS.

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS RUBY SARAH PAYNE BORN AUG. 23, 1919 IN BLOOMINGTON (BEAR LAKE) ID WAS BAPTIZED DEC. 3, 1927 VIEWED VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659127.004 842

PLACE OF BIRTH

Amended Child's Full Name 9-22-03 LME

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

72612

County of Bear Lake

City of Paris

Registration District No. 53

File No. 384

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD MILTON LYMAN WEILENMANN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	X		1	yes	8-27-1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gustaf Arnold Weilenmann	FULL MAIDEN NAME	Louise Mary Huber
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Lutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 9-10 1919 J. Lutton Registrar

S-Y-CO. 38071

OCT 2 1967

9-15-03

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1919-72612
Date Filed 9-10-1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Baby Boy Weilenmann (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-27-1919 (Date of Event)

in Paris (Bear Lake) Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full Name of Child	Baby Boy Weilenmann	Milton Lyman Weilenmann

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, JAMES R. BAKER

Residing at SALT LAKE CITY

My commission expires MAY 14, 2005
(Seal)

X Milton L Weilenmann
Signature of Applicant

X 40 N. STATE STREET #21
Street Address, City, State
SALT LAKE CITY UT 84103

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ____)
(Is not necessary X)

State of UTAH } SS.
County of SALT LAKE }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of SEPTEMBER, 2003.

Notary Public, _____

Residing at SALT LAKE CITY

My commission expires MAY 14 2003
(Seal)

_____
Supporting Signature

40 N. STATE ST #7C
Street Address, City, State
SLC UT 84103

Notary Public
JAMES R. BAKER
40 North State Street, #7C
Salt Lake City, Utah 84103
My Commission Expires
May 14, 2005
State of Utah

Census Department of Commerce - Bureau of the Census 1920 Poplulation State of Utah, Salt Lake, shows parents as Gustaf and Louise as wife and child as Milton at age 5. Viewed by VS

Military Record and Report of Separation Certificate of Service for Milton L. Weilenmann born on 8-27-1919 date of separation as 3-31-1946 from the U.S. Army. Viewed by VS

Army of the U.S. Certificate of Service for Milton L. Weilenmann from 9-1-1929 to 3-31-1946. Viewed by VS

U.S. Passport for Milton Lyman Weilenmann born on 8-27-1919 issue date of February 3, 1993 and expires on 2-2-2003. Viewed by VS

566-203-004-415

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72613

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 53

File No. 319

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD Ruth Nowland

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	x		1	yes	9-3-19 (Month) (Day) (Year) 191

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry George Nowland	FULL MAIDEN NAME	Jane Davis
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Dingle
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 9-10- 1919 R. J. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3 9 73

PLACE OF BIRTH

35-6-216 094 214

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72614

County of Bear Lake

City of Paris

Registration District No. 5-3

File No. 386

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Velma Caroline Lewis

Sex of Child Female

Twin Triplet or other? X and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? ~~Yes~~ No

Date of Birth 9 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Lewis	FULL MAIDEN NAME	Martha Lucy Kaufmann
RESIDENCE	Paris Idaho	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Switzerland
OCCUPATION	Laboring man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sutton

M. D.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

..... 19.....

Filed 9-20 1919 J. Sutton

Registrar

Registrar

S-Y-CO. 38071

K

2-27-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 5 4 08 '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72614

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lewis (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1919 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Velma Caroline Lewis
Mothers name	Marsha Kaufmann	Martha (Kaufmann
Mothers birthplace	Sweden	Switzerland

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of. Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
March, 1973

Clarence W. Webb

Notary Public, residing at Paris
My commission expires May 13, 1973
(Seal)

Signed Spencer A. Rich MD
(Signature of Any Credible Person)

Paris Idaho 83261
(Street Address, City, State)

FORM DH 60-155

Family record gives child's name as Velma Caroline Lewis, born Sept. 16, 1919. Mother's name given as Martha Lucy Kaufman and father's name given as Frank Ralph Lewis. Viewed by V. S. Mothers birthplace Switzerland.

MAR 6 1973

Application for Life Insurance to Beneficial Protective Assoc., Inc. gives name as Velma C. Hansen, born 9-16-19. dated Jan. 12, 1944. Viewed by V. S.

MAR 9 1973

Mothers death certificate Martha Lucy Kaufmann Lewis Withrick died June 21, 1969 at Soda Springs, Idaho File No. 69-2761 born Switzerland.

114-112-1004-619

PLACE OF BIRTH

Child's name added 1-27-87 lh

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

-72615

County of Bear Lake

City of Paris Idaho Registration District No. 6-3 File No. 386

No. ____ St. Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD Walter Simon Jaussi

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	X (To be answered only in event of plural births)	1	yes	9-12-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Simon Jaussi	Lilla Forer
RESIDENCE	Paris Idaho	Paris Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	35
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Creamerymen	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

(Signature) D. Sutton M.D.

(Physician or midwife)

Address Paris Ida

Filed 9-20 1919 D. Sutton Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

8-13-86

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 22 1986
Bureau of Vital Statistics, Standards and Local Health Services

State of _____ } ss.
County of _____

Certificate No. 72615
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 12, 1919 (Date of Event) in Paris, Bear Lake Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Walter Simon Jaussi

Subscribed and sworn to before me this 11th day of December, 1986.
Notary Public, [illegible]
Residing at Idaho Falls, ID
My commission expires Sept. 19, 1988
(Seal)

Walter Simon Jaussi
Signature of Applicant
370 Holbrook Dr. Lt. Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JAN 27 1987

Certificate of Belssing from LDS Church for Jan Jaussi born Jan. 7, 1956 at Idaho Falls, ID gives name of father as Walter Simon Jaussi. Blessed March 4, 1956. Viewed by V.S.

Certificateof Ordination from LDS Church (Priest) gives name in full as Walter Simon Jaussi born at Paris, ID on Sept. 12, 1919. Ordained Dec. 20, 1936 & entered in the Ward record on Dec. 26, 1936.
Viewed by V.S.

366-121-004-238

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72616

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 5-3

File No. 388

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		1	yes	9 (Month) – 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eldon Cook	FULL MAIDEN NAME	Florence Scherley
RESIDENCE	Border Wyo.	RESIDENCE	Border Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	St. Charles	BIRTHPLACE	Fish Haven
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Lutton

M. D. (Physician or midwife)

Address Paris Ida

Filed 9-10 1919

R. Lutton
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-220-004-666

PLACE OF BIRTH name added 7-20-84 dl

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72617

County of Bear Lake

City of Paris

Registration District No. 5-3

File No. 387

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD Cleora Kelsey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	X	1	yes	9-20-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Newell Kelsey	FULL MAIDEN NAME	Esdale Wooley
RESIDENCE	Paris Idaho.	RESIDENCE	Paris Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Laboring man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Paris Ida

Filed 9-20 1919 P. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-14-84

RECEIVED
JUL 19 1984
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Certificate No. 72617
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kelsey (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 20, 1919 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Cleora Kelsey

Subscribed and sworn to before me this 25th day of July 1984.

Notary Public Jerrolynn B. Jensen
Residing at Murray, Utah
My commission expires NOTARY PUBLIC 85 STATE OF UTAH
(Seal)

NOTARIAL SEAL

X Cleora K. Williams
Signature of Applicant

X 438 Sherman Ave.
Street Address, City, State
Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July 1984.

Notary Public Jerrolynn B. Jensen
Residing at Murray, Utah
My commission expires NOTARY PUBLIC 85 STATE OF UTAH
(Seal)

NOTARIAL SEAL

Celia W Larsen
Supporting Signature

1166 E 2700 So #11
Street Address, City, State

1 cc pd Salt Lake City Ut 84106

Certificate of Baptism from LDS Church gives Cleora Kelsey daughter of Newell Kelsey and Esdale Woolley born Sept 20, 1919 at Paris was baptised Nov 5, 1927. Viewed by V.S.

Certificate of Blessing lists Cleora Kelsey born 9-20-19 in Paris, Idaho was blessed Nov 2, 1919. Viewed by V.S.

JUL 20 1984

219-111-004-995

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72618

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 5-3

File No. 385

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	X	1	yes	9 (Month) - 11 (Day) - 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David L. Sargent	FULL MAIDEN NAME	Mildred J. Rinnock
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	County agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 [redacted] A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Lutton

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 9-10 1919 P. Lutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

543-116(004-238

PLACE OF BIRTH

Form V. S. No. 11—23m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72619

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 5-3

File No. 389

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD James O. Nutt

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	1	Yes	9 - 16 - 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Fredrick Nutt	FULL MAIDEN NAME	Johana Schiedegger
RESIDENCE	Paris, Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Sutton

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 9-16-1919 P. J. Sutton Registrar

S-Y-CO. 38071

DECEASED

State of California, County of Alameda, Marriage License and Certificate, married May 31, 1946 gives full name of groom as James Orland Nutt, age 26 native of Idaho and full name of bride as Jean Louise Kolb, age 19 native of California viewed by V.S. Military Record, Honorable Discharge

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Army of the United States, dated July 26, 1945 gives full name as James O Nutt, born Sept. 16, 1919 at Paris, Idaho - date of separation July 26, 1945; date of inlistment Dec. 7, 1940 - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

APR 4 1963
Bureau of Vital Statistics

Certificate No. 72619

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nutt (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1919 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	James O. Nutt

Subscribed and sworn to before me this 29th day of March, 1963.

John B. Paige

Notary Public, residing at Paris, Idaho

My commission expires 25 June 1966

(Seal)

Signed Johanna E. Nutt Bucher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1963.

John B. Paige

Notary Public, residing at Paris, Idaho

My commission expires 25 June 1966

(Seal)

Signed Jesse Whittegger
(Signature of Any Credible Person) Uncle

Paris, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-15-63. one copy pd. rec. #01863.

APR 4 1963

747-1231004-993

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72620

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

Registration District No. 53 File No. 391

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD Russell McKay Pugmire

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	1	Yes	9 - 23 - 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leslie Pugmire	FULL MAIDEN NAME	Lara Richards
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	St. Charles	BIRTHPLACE	Farmington Utah
OCCUPATION	Storekeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Address Paris Ida

Filed 9-11 1919 [signature] Registrar

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

864-207-

PLACE OF BIRT[redacted]

010-997 Bonneville

County of .....

City of Idaho Falls

No. RFD #5 St.

Hospital .....

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 72621

Primary Registration District No. 2100 Registered No. 166

FULL NAME OF CHILD FLORENCE YOUNG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George T. Young	FULL MAIDEN NAME	Martha Rigby
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls RFD
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	46 #5
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. West Jr. MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 4 1919 [signature] Registrar

RESERVED FOR BINDING

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Utah } ss.

Certificate No. 72621

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Florence Young (Name on Original Certificate) who was born (Was Born or Died) on September 7th, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on or about October 1, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Florence Young

Subscribed and sworn to before me this Ninth
day of October, 19 43

Alfred L. Rieth

Notary Public, residing at Provo City, Utah

My commission expires April 20, 1947
(Seal)

Signed Martha R Young (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

846 No. 5th East - Provo, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Ninth
day of October, 19 43

Alfred L. Rieth

Notary Public, residing at Provo City, Utah

My commission expires April 20, 1947
(Seal)

Signed (Mildred Young Hart) Mrs. Eugene A. Hart
(Signature of Any Credible Person Other Than Previous Year)

846 No. 5th East
(Street Address, City, State)
Provo, Utah

OCT 13 1943

145-230-010-243

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 19th Curtis St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 72622

Primary Registration District No. 2140 Registered No. 1161

FULL NAME OF CHILD NARVA DARLOU AMES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 - 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. H. Ames	FULL MAIDEN NAME	Mary Valate Butters
RESIDENCE	19th Curtis	RESIDENCE	19th Curtis
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Western, Ida	BIRTHPLACE	Clarkston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jabez West Jr.
(Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed Oct 7 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72622
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ..... (Name on original certificate) who born (Was born or died) on Sept. 30, 1919 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Ames	Narva Darlou Ames
Narva Darlou Ames		

Subscribed and sworn to before me this 16th
day of December, 1941
N.W. Henderson
~~Notary Public, residing~~ at Probate Judge
My commission expires .....
[SEAL]

Signed William H Ames
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of December, 1941
N.W. Henderson
Probate Judge
Notary Public, residing at Pocatello
My commission expires .....
[SEAL]

Signed Frances C. Gray.
(Signature of any credible person other than the previous affiant.)
.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

864 D03-010-231

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72623

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 164

FULL NAME OF CHILD Norman William Homer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham Homer	FULL MAIDEN NAME	Elizabeth Blakley
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Oct 4 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

492 B 230-10-286

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72624

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 163

FULL NAME OF CHILD RUTH LaDean MIKESELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eli S. Mikesell	FULL MAIDEN NAME	Mildred Short
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Transfer City	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Oct 4 1919 Wm Kennard

Registrar

Registrar

K

3-14-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 21 1966
Bureau of Vital Statistics

State of Idaho } ss
County of Bonneville }

Certificate No. 72624

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed Mikesell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Ruth LaDean Mikesell

Subscribed and sworn to before me this 16th day of March, 1966

Emma Sloan

Notary Public, residing at Idaho Falls

My commission expires 2-5-68

(Seal)

X Signed Ruth LaDean Mikesell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2, Box 218, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 19 66

Emma Sloan

Notary Public, residing at Idaho Falls, Idaho

My commission expires 2-5-68

(Seal)

Signed Wm S Brighton
(Signature of Any Credible Person)

Rt. #2, Box 225, Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confirmation gives name as Ruth LaDean Mikesell daughter of Eli D. Mikesell and Mildred M. Short born Sept. 30, 1919 at Idaho Falls, Idaho. Baptized Oct. 16, 1927 by Adrain L. Orme, Priest.
Viewed by V. S.

MAR 2 9 1966

Marriage license gives name as Ruth LaDean Mikesell married to Orson W. Hudman on June 1, 1936. State of Montana County of Gallatin L. E. Hays, Clerk of Dist. Court.
Viewed by V. S.

JUL 1 1974

Affidavit by older sister states her sisters name was Ruth LaDean Mikesell born Sept. 30, 1919 in Bonneville (County). Sisters name was Laura Mikesell Sullivan.
Viewed by V. S.

632-225-010-813

PLACE OF BIRTH
amended 12/14/78

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72625

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2100

Registered No. 162

Hospital

FULL NAME OF CHILD Sibyl F. Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sep 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson Olson	FULL MAIDEN NAME	Nina Yates
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Sept 25 1919 at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed Sept 25 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

DEC 12 1978

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bingham } ss.

Certificate No. 72625

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Olson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by High School Promotion -May 12, 1933 (Bible Record, Insurance Policy, Etc.) marriage certificate prepared on July 17th, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Sibyl Francis Olson
father's last name	Olsen	Olson

Subscribed and sworn to before me this 7th day of December, 19 78.

Stephen J. Blaser

Notary Public, residing at Blackfoot, Idaho

My commission expires LIFE

(Seal)

Signed Sibyl Olson Phillips

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #5 Box 96K, Blackfoot, ID

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DN 60-155

correction corresp. 11-30-78 1 copypd (P)

Own child's birth certificate on file Idaho #397391, child born October 8, 1944 gives mother as Sybil Olson, age 25, -- viewed by VS.

Marriage record, State of Utah gives names as William Poll Phillips and Sibyl Frances Olson, married in Cache County on July 17, 1941--viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

313-119-010-851

County of Bonneville

City of Idaho Falls

No. 129 - 5th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72626

Registration District No. 73

File No.

Primary Registration District No. 2170

Registered No. 161

FULL NAME OF CHILD Dorsal Jay Catmull

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Henry Catmull	FULL MAIDEN NAME	Grace Beatrice Heath
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Baker	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Fremaind

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed Sept 23 1919 Wm Fremaind

Registrar

K

MAY 6 1941

check

STATE OF Idaho } ss.
COUNTY OF Lemhi }

Albert Henry Eatmull, being first duly sworn, upon oath says: that he is the father of Dorsal Jay Eatmull; that said Dorsal Jay Eatmull was born at Idaho Falls, County of Bonneville, State of Idaho on the 19 day of September, 1919.

Father's name Albert Henry Eatmull

Mother's maiden name Grace Beatrice Heath

Physician's name Dr. Wm. Kinnaird

Nurse or attendant

This affidavit is made for the purpose of securing a birth certificate for said Dorsal Jay Eatmull.

Albert Henry Eatmull

Subscribed and sworn to before me this 28th day of April, A.D. 1941.

Henry W. Ireton
Notary Public for the State of Idaho, residing at Salmon therein.

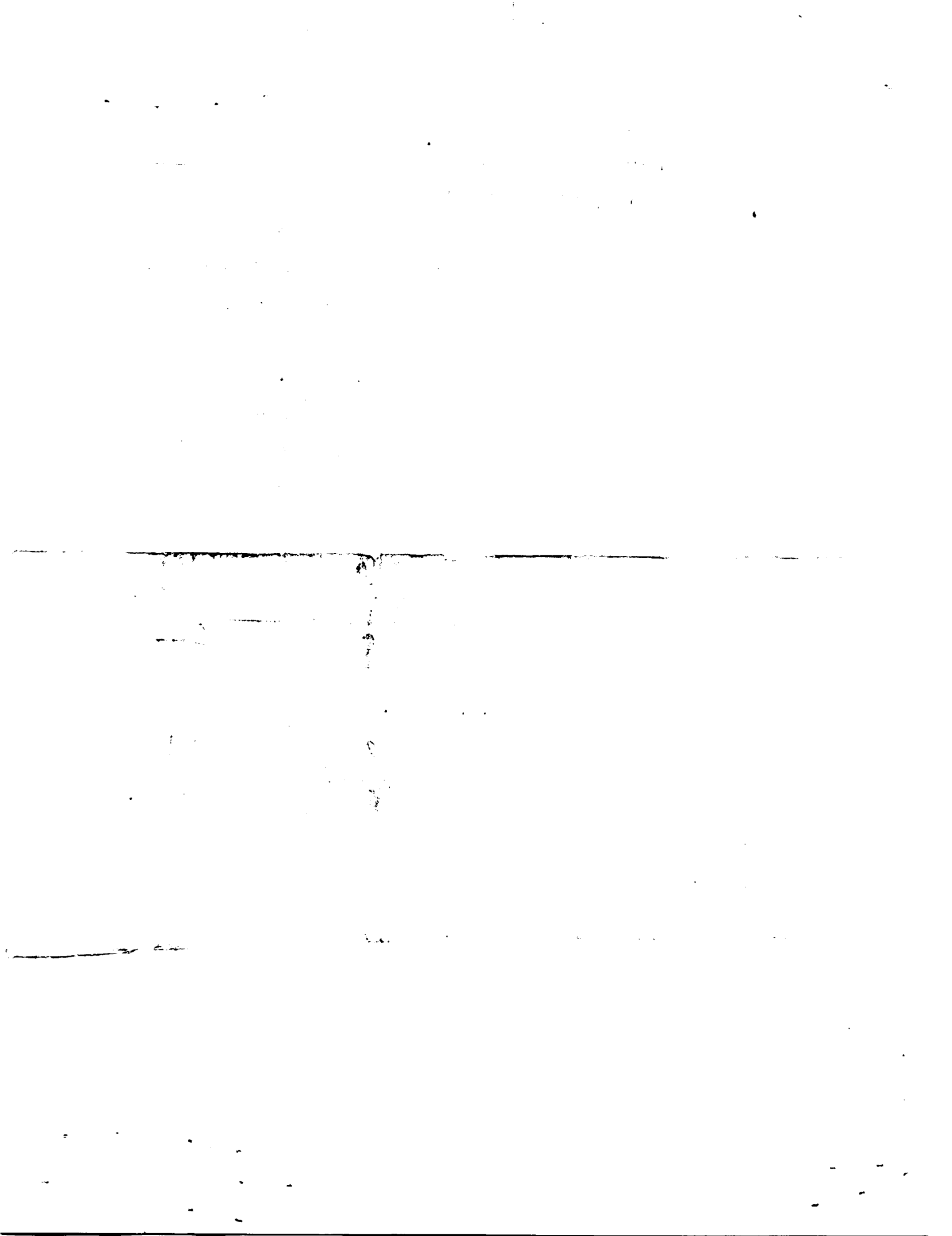
My commission expires:

June 1, 1942

To be sent to:
Bureau of Vital Statistics,
Board of Health,
City of

State of

c.c. 5/13/41. w.h.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 386-218-010-154 St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 C—[illegible]

72627

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 160

FULL NAME OF CHILD Vera Viola Elenora Torngren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gus Torngren	FULL MAIDEN NAME	Betty Anderson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-18-19 at 12 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Sept 23 1919 [illegible]

Registrar

Registrar

Statement from Pastor Clifford G. Berggren, First Evangelical Lutheran Church, Idaho Falls, Idaho states "This is to certify that the following information concerning Vera Veola Eleanora Torngren appears on Page 27 of the Old Record Book of First Evangelical Church of Idaho Falls, Idaho.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Vera Veola Eleanora Torngren was born at Idaho Falls, Idaho on Sept. 18, 1919." - viewed by V.S. this document cannot be used because of the second middle name not being spelled correct. -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Own Child's Birth Cert. on file:#312259, gives full maiden name of Mother as Vera Viola Elenora Torngren - viewed by V.S.

Certificate No. 72627

County of Certificate of Confirmation, Evangelical Lutheran Church Idaho Falls, Idaho, June 2, 1935 gives full name of child as Vera Viola Elenora Torngren

The undersigned does solemnly swear that certain facts on the certificate of born Sept. 18, 1919 - viewed by V.S. (Birth or ~~Death~~)

for Unnamed Torngren (Name on Original Certificate) who born (Was Born or Died) on Sept. 18, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vera Viola Elenora Torngren

Subscribed and sworn to before me this 11th day of November, 1960

Earl W. French

Notary Public, residing at Roberts, Idaho

My commission expires May 10 - 1963

(Seal)

Signed A. R. Sodergrist M.D.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1st Sec Bk. Bldg. Idaho Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1960

Earl W. French

Notary Public, residing at Roberts, Ida.

My commission expires May 10, 1963

(Seal)

Signed Mrs Betty Torngren

(Signature of Any Credible Person)

449-7th st Idaho Falls Idaho

(Street Address, City, State)

FORM DPH 55.155 NNCL 12-11-58. nm

JAN 27 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-113-810-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of Idaho Falls Ida. Registration District No. 73 File No. 72628

No. ..... St.

Primary Registration District No. 2140 Registered No. 119

Hospital .....

FULL NAME OF CHILD Richard Henry Mitchell

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. E. Mitchell	FULL MAIDEN NAME	Rosa Orchard
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Cisco Nevada
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-13-19 at 4 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Registrar

Filed Sept 20 1919 [illegible] Registrar

12-2-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-21-1018-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72629

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 21-0 Registered No. 1-V-6

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 14 1919

FATHER	MOTHER
FULL NAME: Charles S. Proctor	FULL MAIDEN NAME: Rebecca Jones
RESIDENCE: Idaho Falls Idaho	RESIDENCE: Idaho Falls Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Iowa
OCCUPATION: Painter	OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8-14-19 at 12:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 22 1919 .....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249111-010-815 CHILD'S NAME AMENDED 5-29-2008 CMW

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72630

County of Bonneville

City of Idaho Falls, Ida. Registration District No. 73 File No.

No. 4th and Holmes St. Primary Registration District No. 21-0 Registered No. 10-7

Hospital

FULL NAME OF CHILD ALBON LLEWELLYN SMITH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		Yes	Aug 11 1919

FATHER	MOTHER
FULL NAME: David Smith	FULL MAIDEN NAME: Emily Hancock
RESIDENCE: 4th and Holmes	RESIDENCE: 4th and Holmes
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8-11-19, at 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible]
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 2 19 19 [illegible] Registrar

MAY 29 2008

RECEIVED
MAY 2 2008

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 19-72630
Date Filed September 20, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for baby boy Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 11, 1919 (Date of Event)
in Idaho Falls (Bonneville Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unlisted	Albon Llewellyn Smith

Subscribed and sworn to before me this 28th day of May, 2008
Notary Public, Jesse D. Wenger
Residing at Idaho Falls, ID
My commission expires 1/24/13
(Seal)

Albon Llewellyn Smith
Signature of Applicant

4970 E. Lincoln Rd. 83401
Street Address, City, State and Zip

JESS D. WENGER NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____
(Is not necessary ☒) _____

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

05-27-08

LDS CERTIFICATE OF BIRTH FOR ALBON LEWELLYN SMITH BORN 8-11-1919 IN IDAHO FALLS ID VIEWED BY VS

ID BC #1969-08998 CAMERON WAYNE SMITH BORN 9-12-1969 IN IDAHO FALLS (BONNEVILLE CO), ID FATHER'S NAME ALBON LLEWELLYN SMITH VIEWED BY VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 227 010-719

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls,

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72631

Registration District No. 73 File No. .....

Primary Registration District No. 2130 Registered No. 1076

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Aug. 27 1919

FATHER	MOTHER
FULL NAME Verne R. Barkman	FULL MAIDEN NAME Martha Gardner
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Kansas
OCCUPATION Teacher	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 8-27-19, at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. [illegible]

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 20 19 19 [illegible]

Registrar

412-227.010-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72632

County of Bonneville

City of Idaho Falls, Ida. Registration District No. 73 File No.

No. St. Primary Registration District No. 210 Registered No. 1 V

Hospital

FULL NAME OF CHILD MARIAN MARJORY MABEN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Aug. 27 1919

FATHER		MOTHER	
FULL NAME	Ben Mabey	FULL MAIDEN NAME	Edna Gibson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8-27-19 at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sept 20 19 19 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles. }

Certificate No. 72632

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marian Marjory Mabo (Name on Original Certificate) who was born (Was Born or Died) on 8-27-1919 (Date of Event)
in Idaho Falls (Place of Event) [redacted] or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father's Statement. prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Marian Marjory Maben

Subscribed and sworn to before me this 16th day of Feb., 1942.

Notary Public, residing at Los Angeles City

My commission expires My Commission Expires Feb. 6, 1943
(Seal)

Signed X Ben G. C. Maben
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6319 - Alhama - Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 28 1942

NOV 24 1947

191-213-010-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72634

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21 V 0 Registered No. 1 V 3

Hospital General

FULL NAME OF CHILD Vivian Leona Arave

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Arave	FULL MAIDEN NAME	Sarah Pounds
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Iona Idaho
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5-13-19 at 7 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Registrar

Filed Apr 20 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 8 1975

JUN 18 19[illegible]

219-120-010-731

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72635

County of Bonneville

City of Idaho Falls — Registration District No. 73 File No.

No. St. Primary Registration District No. 2110 Registered No. 1152

Hospital General Hospital

FULL NAME OF CHILD Basil Ira Bartlett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Bartlett	FULL MAIDEN NAME	Elizabeth Platino
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Littlerock Ark	BIRTHPLACE	Provo Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-20-19 at 6 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Filed Sept 20 1919 W Kinnaird

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

695-104-010-433

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72636

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 127

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	Yes	April 4 1919

FATHER		MOTHER	
FULL NAME	Alfred M. Finley	FULL MAIDEN NAME	Anna M. McCarthy
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	New York City, New York	BIRTHPLACE	St Paul, Minn.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-4-19 at 10 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed Sept 20 1919 [signature]

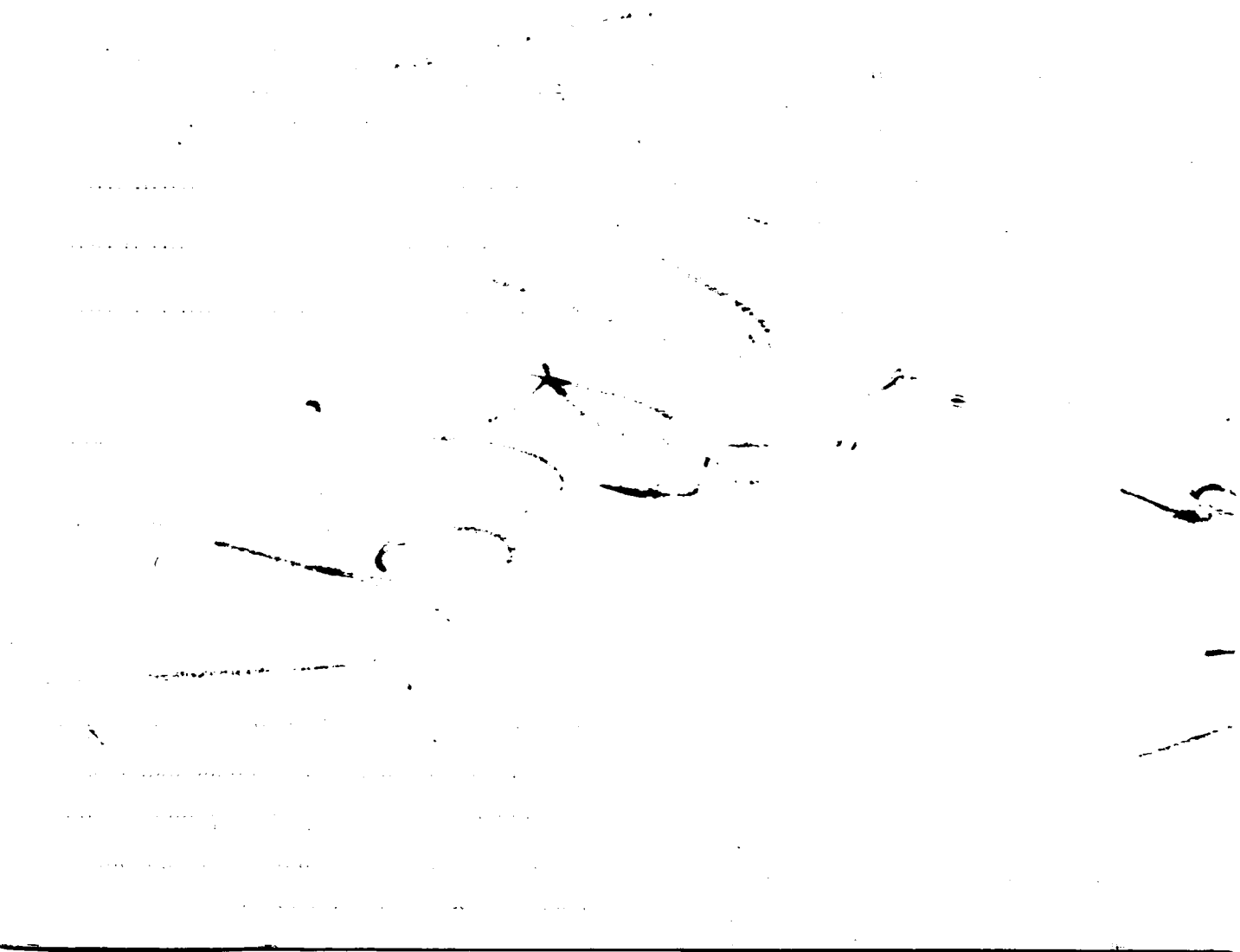
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



866-109-010-534

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72637

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2100

Registered No. 180

Hospital General

FULL NAME OF CHILD Jack Dean Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5-9-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Howard	FULL MAIDEN NAME	Jennie Eldredge
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Dayton - Idaho
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5-9-19 at 3 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho.

Filed Sept 20 1919 W Fremond

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-110-010-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 72638

No. ..... St.

Primary Registration District No. 2110

Registered No. 149

Hospital General

FULL NAME OF CHILD Gerald Williams Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May 10 1919

FATHER		MOTHER	
FULL NAME	George S Edwards	FULL MAIDEN NAME	Emma Williams
RESIDENCE	Idaho Falls - Idaho	RESIDENCE	Idaho Falls - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sterling - Utah	BIRTHPLACE	Ephraim - Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

..... 19....

Filed Apl 20 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

612-[illegible]-010-395

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72639

Registration District No. 73

File No. .....

Primary Registration District No. 21-0

Registered No. 176

FULL NAME OF CHILD Robert Washington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 10 19

FATHER

FULL NAME George Washington

RESIDENCE Idaho Falls Idaho

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Texas

OCCUPATION Carpenter & Builder

MOTHER

FULL MAIDEN NAME Lillian Lincoln

RESIDENCE Idaho Falls Idaho

COLOR White

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Texas

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

..... Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Filed Sept 16 19 19 [illegible]

Registrar

255-226-030-318

PLACE OF BIRTH

Form V. S. No. 11-G—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Gilmansville Registration District No. 41 File No. 72640

No. ..... St. Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Mary Lenor Bennett .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	5 26 1917

FATHER		MOTHER	
FULL NAME	Earl Gordon Bennett	FULL MAIDEN NAME	Mary Alice Taylor ~~Bennett~~
RESIDENCE	Gilmansville	RESIDENCE	Gilmansville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

(Signature) Chas F. Hammond

(Physician or ~~midwife~~)

Address Salmon, Idaho

Filed 10/10 1917 M. Murray Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

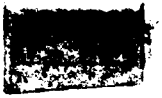
..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 3 1974

DECEASED

595-104030-712

PLACE OF BIRTH

County of Lemhi

City of Carmen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41

File No. 72641

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Sept 4 1917

FATHER	MOTHER
FULL NAME: Fred W. Niemann	FULL MAIDEN NAME: Edith Gable
RESIDENCE: Carmen	RESIDENCE: Carmen
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. F. Hammer

..... (Physician or midwife)

Address Salmon, Idaho

Filed 10/10 1917 M. Deering Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-1041030-439

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72642

County of Lemhi

City of Salmon — Registration District No. 41 — File No.

No. ..... St. — Primary Registration District No. 2116 — Registered No.

Hospital

FULL NAME OF CHILD Stephen Lemich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Sept 4 1917

FATHER		MOTHER	
FULL NAME	Vasil Lemich	FULL MAIDEN NAME	Eva Milinac
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M. on the date above stated.

(Signature) Chas. F. Hanson

(Physician or midwife)

Address Salmon, Idaho

Filed 10/10 1917 — M. Henry Greene, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-211-080-498

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72643

County of Lewis

City of Lenore

No. ..... St.

Hospital .....

Registration District No. 41

Primary Registration District No. 2116

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... ETHEL JONES .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	1	Yes	July 16 1918

FATHER	MOTHER
FULL NAME Levi Reed Jensen	FULL MAIDEN NAME Estella Meyer
RESIDENCE Lenore	RESIDENCE Lenore
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 57 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M. on the date above stated.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Lenore, Idaho

Filed 10/10 19 19 M. Deming Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

MAY 25 1945

Certificate No. 72643

Date Filed July 11, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1919 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are: (1st twin)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jones	Ethel Jones

Subscribed and sworn to before me this 14th day of May, 1945

E. C. McElvain
Notary Public, residing at Spokane, Wash.
My commission expires April 12, 1948
(Seal)

Signed Maple Jones McElvain
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
2511 91 Washington Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 1945

E. C. McElvain
Notary Public, residing at Spokane Wash
My commission expires April 12, 1948
(Seal)

Signed Rachel W. Lapp
(Signature of Any Credible Person)
E. 1503-13th Spokane Wash
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-111-030-498

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72644

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 4116 Registered No. .....

FULL NAME OF CHILD Emmett L. Jones

Sex of Child M. | Twin ~~Triplet~~ or other? | and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 11 (Month) (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME Levi Reed Jones	FULL MAIDEN NAME Stella Thayer
RESIDENCE Carmen	RESIDENCE Carmen
COLOR White	AGE AT LAST BIRTHDAY 57 (Years)
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or ~~midwife~~)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/10 1918 M. Deering Greene Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 10 02 AM '72
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 72644

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (Male((Name on Original Certificate) who was born (Was Born or Died) on July 11, 1919 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Emmett L. Jones

Subscribed and sworn to before me this 2nd day of October, 19 72

Notary Public, residing at Spokane

My commission expires 4-12-76

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. 324 - 18th, Spokane, Washington (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 19 72

Notary Public, residing at Spokane

My commission expires 4-12-76

(Seal)

Signed [signature] (Signature of Any Credible Person)

W. 108 - 19th, Spokane, Washington (Street Address, City, State)

FORM DH 60-155 CL 8/8/72 nm

Salmon High School, Salmon, Idaho gives name as Emmett L. Jones. Dated May 19, 1938. High School Diploma. Viewed by V. S.

NOV 3 1972

Certificate from U.S. Naval Training Station, Farragut, Idaho gives name as Emmett L. Jones. designated as Honor Man. Dated May 5, 1944. Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-105-030-791
266 PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72645

County of Lewis

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41

Primary Registration District No. 2116

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	9 5 1919

FATHER		MOTHER	
FULL NAME	Oscar J. Bowman	FULL MAIDEN NAME	Hazel Graham
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. F. Hammer

..... (Physician or midwife)

Address Salmon, Idaho

Filed 1/2/20 1919 M. Deming Greene Registrar

652-118-030-556

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—35m-9-8-15

CERTIFICATE OF BIRTH

72646

Registration District No. 41 File No. .....

Primary Registration District No. 1116 Registered No. .....

FULL NAME OF CHILD La Verne Francis Westfall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 18th 1919

FATHER		MOTHER	
FULL NAME	John Westfall	FULL MAIDEN NAME	Nora Newby
RESIDENCE	Shoup	RESIDENCE	Shoup
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Nev
OCCUPATION	Miner	OCCUPATION	Work

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 6 P M.

(Signature) F B Wright M D

(Physician or midwife)

Address Salmon

Filed 10/10 1919 M. Deming Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

9-V-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FORM V. S. NO. 278 SM-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Salmon

Street and House No.

County Lemhi

Registered No.

Registration Dist. No. 41

Sex of Child Male

Date of Birth Aug 18 1918
MONTH DAY YEAR

Father John Westfall
FULL NAME

Mother Nora Newby
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

La Vern Francis Westfall
GIVEN NAME IN FULL SURNAME

as reported by Nora Westfall
FATHER OR MOTHER

M. Deming Greene
LOCAL REGISTRAR

DEC 1 1 1958

652-220-030-122

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of

No. St.

Hospital

Registration District No. 41

File No. 72647

Primary Registration District No. 2116

Registered No.

FULL NAME OF CHILD Jessie Fay Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Sept 20th 1919

FATHER		MOTHER	
FULL NAME	John Webb	FULL MAIDEN NAME	Maurice Abbey
RESIDENCE	Boyle Ck	RESIDENCE	Boyle Ck
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) F S Knight — MD

(Physician or midwife)

Address Salmon

Filed 10/10 1919 M. Dering Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-206-030467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

72648

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Frances Elizabeth Longley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8-6-19

FATHER	MOTHER
FULL NAME Thomas H. Longley	FULL MAIDEN NAME Myrtle Mogg
RESIDENCE Salmon, Ida.	RESIDENCE Salmon, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 19 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Montana	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. Stratton, M.D.

(Physician or midwife)

Address Salmon Idaho

Filed 10/10 1919 M. Deming Greene Registrar

JAN 25 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794-11-030-15-4

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 72649

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD GEORGE WASHINGTON Gray

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 — 10 — 1917

	FATHER	MOTHER
FULL NAME	David W. Gray	FULL MAIDEN NAME Anna Anderson
RESIDENCE	Salmon, Ida.	RESIDENCE Salmon, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Iowa
OCCUPATION	Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John Alan (Born alive or stillborn) at 1.20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Walton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/10 1917 M. Deming Greene Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 72649

State of Montana }
County of Flathead } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for George Washington Gray (Name on Original Certificate) who was born (Was Born or Died) on Aug.11th.1919 (Date of Event)
in Salmon City, Idaho: Lemhi Co. (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Swan River Dist.#4 School census (Bible Record, Insurance Policy, Etc.) prepared on Record in 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	George Washington Gray

Subscribed and sworn to before me this 16th
day of July, 1942.

Notary Public, residing at Bigfork, Montana.

My commission expires Dec.16th.1942
(Seal)

Signed Emma Gray.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or coroner if correcting a death record; or other credible person.)

Bigfork, Mont Rt.1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Flathead } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of July, 1942

Notary Public, residing at Bigfork, Mont.

My commission expires Dec 16th 1942
(Seal)

Signed: D M Gray Father
(Signature of Any Credible Person Other Than Previous Two)

Bigfork, Mont
(Street Address, City, State)

JUL 21 1942

JUL 2 2 1942

AUG 15 1956

MAY 24 1974

38/109 [illegible] 296

PLACE OF BIRTH

County Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72650

Registration District No. 123 File No. 50

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD John Champagne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	2	Yes	July (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Champagne	FULL MAIDEN NAME	Nettie Monaghan
RESIDENCE	Kellogg	RESIDENCE	Kellogg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Landau

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

Filed 9/15 1919 Geo. S. Lesher

Registrar

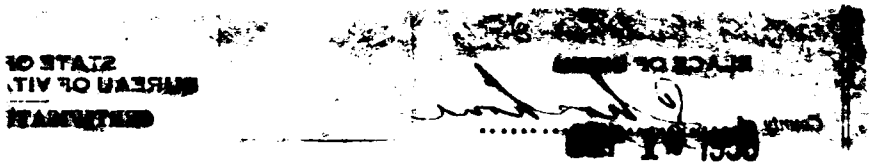
Registrar

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942



319-224-040-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72651

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 62

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gunhild Viola Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	Yes	July 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Oscar Carlson	FULL MAIDEN NAME	Ida Catharine Lind
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Hardy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 10/11 1919 Geo. S. Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-101-040-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72652

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. 64

Primary Registration District No. 1201 Registered No. ....

Hospital .....

FULL NAME OF CHILD Robert Frederick Spearing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	Yes	May 1 — 19

	FATHER	MOTHER
FULL NAME	Robt. Emmett Spearing	FULL MAIDEN NAME Jessie Pearl Hutcheson
RESIDENCE	Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Alberta Canada	BIRTHPLACE Nebraska
OCCUPATION	miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. E. Hardy M.D.

(Physician or midwife)

Address Kellogg Idaho

Filed 10/11 19 19 Geo. S. Graham Registrar

JUL 20 1966

SEP 4 1942

553-204-040-354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72653

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 60

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ann Marie Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	6th (To be answered only in event of plural births)	yes	Aug 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Nelson	FULL MAIDEN NAME	Marie Ann Bessie Tedder
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	North Carolina
OCCUPATION	Mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 10/11 1919 Geo. S. Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1945

JAN 2 3 1976

365-119-040-393

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72656

County of Shoshone

City of Kellogg

Registration District No. 172 File No. 57

No. ..... St.

Primary Registration District No. 7701 Registered No. .....

Hospital .....

FULL NAME OF CHILD Julia Antonia Tonti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	7th	yes	July 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Antonio Tonti	FULL MAIDEN NAME	Filomina Lilli
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Smelter man	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Kellogg Idaho

..... 19.....

Filed 10/11 1919 Geo. S. Lusher

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1975

168-126-040-15-4

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72657

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg — Registration District No. 12-5 — File No. 56

No. ____ St. — Primary Registration District No. 7701 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Earl Edward Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	Yes	Sept 26 1919

FATHER	MOTHER
FULL NAME Oscar Johnson.	FULL MAIDEN NAME Isibell Anderson.
RESIDENCE Kellogg.	RESIDENCE Kellogg
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Sweden.	BIRTHPLACE Wis
OCCUPATION Smelterman	OCCUPATION House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:40 P. M. on the date above stated.

(Signature) T. R. Mason

(Physician or midwife)

Address ____

Filed 10/11 1919 — Geo. D. Leslie — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

....Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1963

291-205-040-263

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

72658

Registration District No. 123

File No. 93

Primary Registration District No. 7701

Registered No. ____

FULL NAME OF CHILD Betty Anna Brahan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1	Yes	Oct 5 1919

FATHER	MOTHER
FULL NAME George O. Brahan	FULL MAIDEN NAME Jessie Bottinelli
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE S. D.	BIRTHPLACE Italy
OCCUPATION Mill Man	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address ____

Filed 10/11 1919 Geo. S. Fisher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-230.040.955

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72659

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg — Registration District No. 173 — File No. 53

No. ____ St. — Primary Registration District No. 7701 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Marcella Jane Hutton.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	Yes	Sept 30 1919

FATHER	MOTHER
FULL NAME August Porter Hutton	FULL MAIDEN NAME Maude Dorothy Reedy
RESIDENCE Kellogg	RESIDENCE Kellogg.
COLOR White — AGE AT LAST BIRTHDAY 46. (Years)	COLOR White — AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Mich	BIRTHPLACE Canada.
OCCUPATION Merchant	OCCUPATION House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 A. M. on the date above stated.

(Signature) J. A. Mason

(Physician or ~~midwife~~)

Address ____

Filed 10/11 1919 Geo. S. Lasher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

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Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

416-201-040-814

PLACE OF BIRTH

County of Shoshone

City of Kellogg No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH 72660

Registration District No. 123 File No. 54

Primary Registration District No. 7701 Registered No. ____

FULL NAME OF CHILD Florence Irene Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F		2	Yes	Oct 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Milton Dawson	FULL MAIDEN NAME	Rose Elizabeth Hamilton
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wis	COLOR	White
OCCUPATION	Miners man	AGE AT LAST BIRTHDAY	32 (Years)
		BIRTHPLACE	Ill
		OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician ~~or midwife~~)

Address ____

Filed 10/11 1919 Geo. S. Lesher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

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Registrar

S-Y-CO. 38071

AUG 2 1966

JAN 28 1953

AUG 29 1944

255·225·040-433

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72661

County of Shoshone

City of Kellogg — Registration District No. 123 — File No. 52

No. ____ St. — Primary Registration District No. 1201 — Registered No. ____

Hospital ____ Lorraine

FULL NAME OF CHILD Edith Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		9	Yes	Sept 25 1919

FATHER	MOTHER
FULL NAME Francis Robert Bennett	FULL MAIDEN NAME Mary Anna McCullen
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White — AGE AT LAST BIRTHDAY 36 (Years)	COLOR White — AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10/11 1919 Geo. S. Lesher Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-123-040-689

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72662

County of Shoshone

City of Kellogg Registration District No. 123 File No. 51

No. ____ St. Primary Registration District No. 1201 Registered No. ____

Hospital ____

FULL NAME OF CHILD Francis Leroy Thach.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Sept 23 1919

FATHER	MOTHER
FULL NAME George Thomas Thach.	FULL MAIDEN NAME Mable White
RESIDENCE Kellogg	RESIDENCE Kellogg.
COLOR White AGE AT LAST BIRTHDAY 39. (Years)	COLOR White AGE AT LAST BIRTHDAY 36. (Years)
BIRTHPLACE Ken	BIRTHPLACE Ver.
OCCUPATION Mill Man	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.10 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. R. Mason

(Physician or ~~midwife~~)

Address ____

Filed 10/11 1919 Geo. S. Lesher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

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Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-203-CM-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72663

County of Boundary

City of Bonners Ferry Registration District No. 7 File No.

No. St. Primary Registration District No. 316 Registered No.

Hospital

FULL NAME OF CHILD Eunice Lucile Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Sept. 3 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Homer E. Curtis	Mary Curren
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Wis	Wis
OCCUPATION	Locomotive Engineer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sept 13 1917

E E Fry

Registrar

[redacted]

AUG 15 1942

274-105-011-493

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72664

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Richard Bemis Spurling

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Sept. 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Spurling	FULL MAIDEN NAME	Florence Miller
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	white AGE AT LAST BIRTHDAY 31 (Years)	COLOR	white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

Filed 9/5/1919 E. E. Fry Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314111-041-759

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72665

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 3156 Registered No.

Hospital

FULL NAME OF CHILD Clifford Clinton Causton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)		—	yes	Sept. 11 1917

FATHER		MOTHER	
FULL NAME	Geo. R. Causton	FULL MAIDEN NAME	Rosa E. Perkins
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed 9/13/19 E. E. Fry

Registrar

546-212-011-665

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72666

County of Boundary

City of Bonners Ferry Registration District No. 79. File No.

No. St. Primary Registration District No. 2156. Registered No.

Hospital

FULL NAME OF CHILD Violet Viola Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	Sept. 12, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Edwards	Julia Owen
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Iowa	Kan.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 9/12/1919

E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1944

753-217-011-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary.

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

72667

Registration District No. 21 File No. .....

Primary Registration District No. 216. Registered No. .....

FULL NAME OF CHILD ..... Shirley Jean Pellegrane.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and	—	Yes	Sept. 17 - 1919

FATHER		MOTHER	
FULL NAME	Arthur Pellegrane	FULL MAIDEN NAME	Hattie Rollo.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Wis.
OCCUPATION	Laborer -	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:55 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed 9/17/1919

E E Fry Registrar

296-220-011-164

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72668

County of Boundary

City of Bonners Ferry Registration District No. 71 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Alfreda Catharine Browne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Sept. 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Bernard Browne	Hilda Winnifred Joule
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Wis.	Canada
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 9/23/19 E. E. Fry

Registrar

DEC 28 1954

239-22-011-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72669

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Christine Vera Strong ~~Strong~~

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Sept. 22 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Strong.	Vera Chicko.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	1/4 Indian 39	1/4 Indian 32
BIRTHPLACE	Idaho	Wis.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/25/ 19 19, E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 21 1966
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 72669

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Strong (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1919 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Christine Vera Strong

Subscribed and sworn to before me this 15-th day of February 1966

Notary Public, residing at Helen E. Mahaney

My commission expires 5-6-68

(Seal)

Signed Vera Strong Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

518 Cedar St - Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 159, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15-th day of February 1966

Notary Public, residing at Sandpoint Idaho

My commission expires 5-6-68

(Seal)

Signed Annie E. Ladley
(Signature of Any Credible Person)

Box 1037 Bonners Ferry Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-2-65. one copy pd. rec. #16523.

Certificate of Baptism, St. Joseph Church of Sandpoint, Idaho, Roman Catholic Church, baptizdd Sept. 19, 1920 gives full name as Christina Vera Strong, born Sept. 22, 1919 at Bonners Ferry, Idaho to Clarence Strong and Vera Chicks - viewed by V.S.

MAR 2 1 1968

Report Card, Colburn School, Fifth Grade, Joseph Krause, Teacher - gives full name of student as Christina V. Strong - viewed by V.S.

Marriage Certificate on file: (Idaho Marriage) #50-650 gives full name of groom as Arne Savage and full name of bride as Christine Strong Wright - viewed by V.S.

the following documents were accepted because of the relationship shown on above marriage certificate.

Social Security Card, #519-22-1540 gives full name as Christine Vera Wright - viewed by V.S.

Withholding Income Tax Form, year 1944, Ships Service Department, U.S. Naval Training Center, Farragut, Idaho - gives full name as Christine Vera Wright - viewed by V.S.

781-128-011-217

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72670

County of Boundary

City of Bonners Ferry Registration District No. 71 File No.

No. ..... St. Primary Registration District No. 21-6 Registered No.

Hospital .....

FULL NAME OF CHILD Charles Albert Chandler.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	yes	Sept. 28 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Orin W. Chandler	Emma Seger.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Wis.	Wis
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated. U. S. A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/28 19 19. E. E. Fry Registrar

343129-011-957

PLACE OF BIRTH

Form V. S. No. 11-C—~~Rev. 6-8-17~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72671

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 315-6. Registered No.

Hospital

FULL NAME OF CHILD Patrick Ingram Cullen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes.	Sept. 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank James Cullen	Lucile Ingram
RESIDENCE	Portland, Ore.	Portland, Ore.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Minn.	Iowa
OCCUPATION	Travelling salesman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fox

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

19

Registrar

Filed 9/31/ 19 19. E. E. Fox

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-25-41

AUG 27 1952

name added 1/16/81

291-228-011-355

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital Bonners Ferry,

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72672

Registration District No. 71 File No. .....

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Florence M. Branom

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. W. Branom	FULL MAIDEN NAME	Annie Lee
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2,30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faucett M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry Ida

Filed 9/30/1919 E. E. Fine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED NOV 6 - 1980 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonner }

Certificate No. 72672

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Branom (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1919 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed Branom	Florence Mildred Branom

Subscribed and sworn to before me this 31 day of October, 1980

Sara J. Needham

Notary Public, residing at Sandpoint

My commission expires 6-1-83

(Seal)

Signed Ada Lee Cagley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N. 5531 Forest Blvd. Spokane, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of October, 1980

Sara J. Needham

Notary Public, residing at Sandpoint

My commission expires 6-1-83

(Seal)

Signed Cheryl A. Reed

(Signature of Any Credible Person)

Box 435 D Sandpoint Id

(Street Address, City, State) 83864

FORM DH 60-155 CL 9/26/72 lcc pd. rec. # 2859

Letter from Bonners Ferry High school, Bonners Ferry, Idaho - 83805 gives name as Florence Branom Dunn age 15 in 1935. signed by R. E. Compton, Principal. viewedby V. S.

JAN 16 1981

Coulpe's copy of marriage record gives nameas Robert D. Dunn and Florence M. DeMinter. (Maiden name: Branom. dated July 26, 1966. vieed y VS

758-218-044-168

PLACE OF BIRTH

[redacted]

Form V. S. No. 16-C—25m-9-8-17

BU[redacted]TATISTICS

[redacted] OF BIRTH

County of Washington

City of Weiser

No. R F D No. 2 St.

Registration District No. 86

File No. 72673

Primary Registration District No. 2112

Registered No. 42

Hospital

FULL NAME OF CHILD Bonnie Guinland Gehrke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 18th 1919

FATHER		MOTHER	
FULL NAME	Paul C Gehrke	FULL MAIDEN NAME	Josephine Johnson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul C Gehrke

Father

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Oct 1st 1919

W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1966

867-218-044-312

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. M-C—[illegible]

72674

County of Washington

City of Weiser

No. E. Com St.

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 43

Hospital

FULL NAME OF CHILD Helen Hays Holstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. J. Holstrom	FULL MAIDEN NAME	Abbie Loston
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth [illegible] Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed Sept 20th 1919

W. R. Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-3173856

815-127-044-291

PLACE OF BIRTH

County of Washington

City of Weiser

No. 905 W. 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

72675

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 44

FULL NAME OF CHILD McHenry Hand

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. McHenry Hand	FULL MAIDEN NAME	Hazel B Bradley
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Stockraiser Tex	BIRTHPLACE	Roanwelpe Mich
OCCUPATION	Stockraiser	OCCUPATION	Roanwelpe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waldron
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed Sept 30th 1919 W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1942

1101

962 126 044-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72676

County of Washington

City of Weiser

No. 166 Washington St.

Hospital

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 45

FULL NAME OF CHILD Howard Marlin Rosin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	7	Yes	9 26 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Harry Rosin	FULL MAIDEN NAME	Ada Barnhart
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	South Dakota	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	House-wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.35 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho

19

Filed Oct-1st 1919 W R Hamilton

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-130-045-693

...CE OF BIRTH.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72677

County of Washington

City of Weiser

Registration District No. 86

File No.

No. ..... St.

Primary Registration District No. 1010

Registered No. 46

Hospital Weiser General

FULL NAME OF CHILD HERBERT WILSON CARTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 30 1919

FATHER

FULL NAME Delton D. Carter.

RESIDENCE Cambridge Ida

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mo.

OCCUPATION Lawyer

MOTHER

FULL MAIDEN NAME Ella Wilson

RESIDENCE Cambridge Ida

COLOR White AGE AT LAST BIRTHDAY 32, (Years)

BIRTHPLACE Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Given names added from a supplemental report.

Herbert Wilson 1920

Address .....

W. C. Murphy
Registrar

Filed Sept 30 1919

W. R. Hamilton
Registrar

N. B. In case of more than 2 child at birth a SUPPLEMENTAL RETURN must be made for each and th number of each, in order of birth stated.

CARTER

dep of 1919-247651

Form V. S. No. 27B—5M-12-14

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- *City* Wiser
- *Street and House No.* Wash Co. Hospital
- *County* Washington

Registered Number 46

Registration District No. 101

Sex of Child Male

Date of Birth, Sept. (Month) 30th (Day) 1919 (Year)

Full Name Delton L. Carter **Father**

Full Maiden Name Ella Wilson **Mother**

I HEREBY CERTIFY that the child described herein been named:

Herbert Wilson
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

W. R. Hamilton
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

93-226-084-845

PLACE OF BIRTH

County of Washington

City of Marsh

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 72678

Primary Registration District No. _____

Registered No. _____

Full Name of Child Verna Ruby Kilborn

SEX OF CHILD	Twin Triplet or other? (To be answered only in even of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH
Female	Twin	One	yes	Sept. 26 (Month) (Day) 1918 (Year)

	FATHER	MOTHER
FULL NAME	James Marvin Kilborn	Emma Hunt
RESIDENCE	Marsh Idaho	Marsh Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Idaho	New York
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Address Marsh Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/11 1918 F. A. Schmidt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1974

246-226-044-454

PLACE OF BIRTH

County of Washington

City of Marsh

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72679

Registration District No. 87

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Bonnie Marie Buffmire

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			yes	[illegible] 16, 19

FATHER

FULL NAME Howard Joseph Buffmire

RESIDENCE Marsh Idaho

COLOR White, AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Colorado

OCCUPATION Farmer,

MOTHER

FULL MAIDEN NAME Myrtle Evelyn Medsker

RESIDENCE Marsh Idaho

COLOR White, AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Schmitz

Physician

(Physician or midwife)

Address Marsh Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/11 1919 T. A. Schmitz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1956

AUG 5 1956

962-105-044-635

PLACE OF BIRTH

County of Washington

City of Marsh

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72680

Registration District No. 87

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Jacob Ross, ERNEST JACOB ROSS

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	9 5 19

FATHER

FULL NAME John H Ross.

RESIDENCE Marsh Idaho

COLOR White. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Russia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Carolina Weisshaar

RESIDENCE Marsh Idaho

COLOR White. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Russia.

OCCUPATION House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician

(Physician or midwife)

Address Marsh Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/1/ 1914 F A Schmidt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Insurance Policy, Security State Life Ins. of Idaho, dated Feb 3, 1949 gives name as Ernest J. Ross viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72680

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jacob Ross (Name on Original Certificate) who born (Was Born or Died) on 9 - 5 - 1919 (Date of Event)

in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Card #519-16-6726 gives name as Ernest Jacob Ross (Bible Record, Insurance Policy, Etc.) prepared on ..... viewed by V.S. (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jacob Ross	Ernest JacobRoss
Date of Birth	Sept. 5, 1919	~~September 5, 1919~~

Subscribed and sworn to before me this 26 day of January 1959

Notary Public, residing at Nampa Idaho

My commission expires 4/18/62

(Seal)

Signed John Ross Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of January 1959

Notary Public, residing at Nampa Idaho

My commission expires 4-8-62

(Seal)

Signed Caroline Ross Mother
(Signature of Any Credible Person)

Nampa Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 1 - 9 - 59. nm

Public School Diploma, State of Idaho dated May 15, 1933
gives name as Ernest Ross Viewed by V.S.

SEP 18 1959

296 207:044-819

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Midvale

City of Washington

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 72681

Registered No. _____

Full Name of Child Julia Josephine Brown

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		yes	Oct. 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Oscar Brown	FULL MAIDEN NAME	Julia Alice Hartley
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

_____ Registrar

Filed 10/11 1919 F A Schmidt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1961

263-104-006-843

PLACE OF BIRTH

STATE OF [redacted] Form V. S. No. 11-C—25m-9-8-17
BUREAU OF VITA[redacted]CS

CERTIFICATE OF BIRTH

72682

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. 309 Soltier St.

Primary Registration District No. 1007

Registered No. 218

Hospital FORREST CLIFFORD

FULL NAME OF CHILD ~~[illegible]~~ Soth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Murray E. Soth	FULL MAIDEN NAME	Blanche Hutchison
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Carpenter Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 44 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Sept 30 1919 Wm Walter E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnoma }

Certificate No. 72682
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for ~~M~~ Forrest Clifford Soth (Name on original certificate) who ~~Sept~~ Born (Was born ~~or died~~) on Sept 4 1919 (Date of event)
in Blackfoot Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record - Personal Knowledge (Bible record, insurance policy, etc.) prepared on Sept 4 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Clifford Soth	Forrest Clifford Soth

Subscribed and sworn to before me this 19
day of December 1942
Dorr Quayle
Notary Public, residing at Portland Oregon
My commission expires Nov 3 - 1946
[SEAL]

Signed Mrs. M. E. Soth (mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) 2547 S.E. Stark St
Portland. Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnoma }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of December, 1942
Dorr Quayle
Notary Public, residing at Portland
My commission expires Nov 3 - 1946
[SEAL]

Signed Murray E Soth (Father)
(Signature of any credible person other than the previous affiant.)
2547 S E Stark St
(Street Address, City, State)
Portland. Ore.

Received for filing on ..... By .....
(Registrar's signature)

MAY 24 1946

DEC 23 1942

993-115-006-249

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 72683

Registered No. 219

FULL NAME OF CHILD Unnamed Rich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 15 1919

FATHER		MOTHER	
FULL NAME	Joel R. Rich	FULL MAIDEN NAME	Laverna Burrston
RESIDENCE	Pingree Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P M. on the date above stated.

*(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot

Filed Oct 1 1919 Wm Thaler E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

549104.006.215

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital France Hosp. of Harold John Eding

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72684

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 220

FULL NAME OF CHILD ~~[illegible]~~ Edding

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	V		1st	Yes	Sept 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	George F. Edding	FULL MAIDEN NAME	Eunice Erma Kanaga
RESIDENCE	Cerro Grande	RESIDENCE	Cerro Grande
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Store Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot, Idaho

Filed Oct 6 1919 Mrs Valerie E. Patrice
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 13 1942

Amended 8-6-59

PLACE OF BIRTH

29422310063 81

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland St.

Registration District No. 121 File No. 72685

Hospital

Primary Registration District No. 2194 Registered No. 221

FULL NAME OF CHILD Hortense Kruse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 23, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Antone Kruse	FULL MAIDEN NAME	Hazel Chapman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	St. Paul, Minn.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M.D. (Physician or midwife)

Address Blackfoot, Idaho

Filed Oct. 6, 1919 Mrs. Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Cert. of Blessing, Nov. 2, 1919 gives name as Hortense Kruse and birthdate as Sept. 23, 1919 - viewed by V.S. and L.D.S. Cert. of Baptism & Confirmation, Nov. 5, 1927 gives name as Hortense Kruse and birthdate as Sept. 23, 1919 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BINGHAM

Certificate No. 72685
Date Filed Aug. 4, 1959

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Teresa Kruse (Name on Original Certificate) who born (Was Born or Died) on Sept. 9, 1919 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S Church Records (Bible Record, Insurance Policy, Etc.) prepared on Blessed 11/2/1919-Baptised 11/5/1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Teresa Kruse	Hortense Kruse
Date of Birth	Sept. 9, 1919	September 23, 1919

Subscribed and sworn to before me this 4th day of August, 1959

Agnes D. Cox

Notary Public, residing at Blackfoot, Idaho
My commission expires January 1, 1960
(Seal)

Signed Zina H. Kruse Capell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.D.# 1 Blackfoot, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BINGHAM

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of August, 1959

Agnes D. Cox

Notary Public, residing at Blackfoot, Idaho.
My commission expires January 1, 1960
(Seal)

Signed [signature]
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55-155

L 7-23-59. one copy pd. receipt #12431.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland St.

Hospital

Registration District No. 121 File No. 72685

Primary Registration District No. 2194 Registered No. 221

FULL NAME OF CHILD Teresa Kruse

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		~~Sod~~	Yes	Sept 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antone Kruse	FULL MAIDEN NAME	Hazel Chapman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	St Paul Minn	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N J Simmons

M. N.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

.....19.....

Filed Oct 6 1919 Mrs Nellie E Patrick

Registrar

Registrar

AUG 7 1959

606-210-006-299

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Court St. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72686

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 222

FULL NAME OF CHILD Louise Woodruff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2nd	Yes	Sept 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Irven Woodruff	FULL MAIDEN NAME	Ruth Kircher
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 p.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 31 N. Main St. Blackfoot Ida.

Filed Oct. 6 1919 Mrs Julius E. Patrie
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 14, 1941. E.W.

165·114·006-291

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 360 N. Judicial St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72687

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 223

FULL NAME OF CHILD James Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			2nd	Yes	Sept 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Michael Jones	FULL MAIDEN NAME	Ellen Brady
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Mt Home Ida
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Oct 6 1919 Mrs Thalia E. Pabis

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1975

319-112-006-632

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Between Rivers St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72688

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 224

FULL NAME OF CHILD Edward Larson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	1st	Yes	Sept 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elsworth Larson	FULL MAIDEN NAME	Laura Olsen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Oct 6 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.120.006-414

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Portersville St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 72689

Primary Registration District No. 2194 Registered No. 225

FULL NAME OF CHILD Charles Timothy Burlingame

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	~~Fourth~~	Yes	Sept 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tim Burlingame	FULL MAIDEN NAME	Mary Madsen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth Four Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Blackfoot Idaho

Filed Oct 6 1919 W. Dulin E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-203-006-451

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #4 St.

Registration District No. 121 File No. 72690

Primary Registration District No. 1007 Registered No. 226

Hospital NEOLA ELIZABETH

FULL NAME OF CHILD ~~Elizabeth Neola~~ Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Clarance Cox	FULL MAIDEN NAME	Agnes Dean
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk Gen Store	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

M. D.
(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 6 1919 [illegible] E. [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO NOV 20 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 72690

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Elizabeth Neole Cox (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 3, 1919 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Banker's Life Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 2, 1937 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Elizabeth Neole	Neola Elizabeth Cox

Subscribed and sworn to before me this 20th
day of November, 1942

Leon J. Chapman

Notary Public, residing at Blackfoot, Idaho

My commission expires apr 6-1946
(SEAL)

Signed Agnes Cox
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 147 Blackfoot Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of November, 1942

Leon J. Chapman

Notary Public, residing at Blackfoot, Idaho

My commission expires apr 6-1946
(SEAL)

Signed Annie O. Clark
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Blackfoot Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 23 1942

FEB 14 1974

947-109-006-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 4 St.

Hospital

Registration District No. 121 File No. 72691

Primary Registration District No. 1007 Registered No. 227

FULL NAME OF CHILD ~~Theodore~~ Rupe, Alvin Columbus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Rupe	FULL MAIDEN NAME	Hattie Hensley
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ark.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Oct 6 1919 Mrs Nathan E. Tabrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1966

APR 2 1969

231-212-006533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Rose St.

Registration District No. 121

File No. 72692

Primary Registration District No. 2194

Registered No. 228

Hospital

FULL NAME OF CHILD Grace N. Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 12 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Black	FULL MAIDEN NAME	June Mae Ellison
RESIDENCE	Blackfoot, Idaho.	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Oct 6 1914 Mrs Valerie E Calvin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-217-006-243

CHILD'S DOB AMENDED 12-20-2010 CMW

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Registration District No. 121

File No. 72693

Primary Registration District No. 1007

Registered No. 229

Hospital

FULL NAME OF CHILD Theda Estella Tanner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	SEPT. 15, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan L. Tanner	FULL MAIDEN NAME	Caroline Butcane
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Address Blackfoot - Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 6 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1975

RECEIVED

DEC 13 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } SS
County of Bingham }

Certificate No. 1919-72693

Date Filed 10/06/1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

for Theda Estella Tanner (Name on Original Certificate) who was born (Was Born, Died, etc.) on 09/17/1919 (Date of Event)

in Blackfoot (Bingham Co), Id. (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's birthdate	Sept 17 1919	Sept. 15, 1919

Subscribed and sworn to before me this 9 day of December, 2010

Notary Public, Margaret E. Poole

Residing at Menan, Idaho 83434

My commission expires [illegible]/10
(Seal)

MARGARET E. POOLE NOTARY PUBLIC STATE OF IDAHO

Theda Ramey
Signature of Applicant

344 N 200 W Blackfoot Id 83
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of

County of

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,

Residing at

My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

November 24, 2010 LDS INDIVIDUAL ORDINANCE SUMMARY THEDA ESTELLA RAMEY (MAIDEN NAME: TANNER) BIRTH DATE: 9-15-1919 BAPTIZED 10-2-1927 VIEWED BY VS AMERICAN GENERAL ANNUITY INSURANCE COMPANY FLEXIBLE PREMIUM DEFERRED ANNUITY APPLICATION THEDA RAMEY DATE OF BIRTH: 9-15-1919 SIGNED 8-30-2002 VIEWED BY VS

415-124-006-154

PLACE OF BIRTH

Form V.S. No. 114—25m-9-8-17

72694

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121

File No. 72694

Primary Registration District No. 2194

Registered No. 230

Hospital

FULL NAME OF CHILD Von Dunce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Dunce	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida

19

Filed Oct 6 1919 Mrs Hattie E. Tatine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389108006-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72695

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. RD # 3 St.

Primary Registration District No. 2194

Registered No. 231

Hospital VERNAL OTHEL

FULL NAME OF CHILD ~~[illegible]~~ Christensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Sept 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard R. Christensen	FULL MAIDEN NAME	Sarah Della Allen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Oct 10 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMAN

N. B. In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

nited States
epartment of Commerce
ireau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1941
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Wapello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot Route 3
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida

FULL NAME OF CHILD Vernal Othel Christensen
5. Date of Birth of Child (Month, day, year) Sept. 8, 1919
Sex male
7. Twin or Triplet single
If so—born 1st, 2nd, 3rd 7th
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
FULL NAME Willard R. Christensen
Color or Race white
12. Age at time of THIS birth 36 yrs.
Birthplace Hyrum, Utah (City or town) (State or foreign country)
Exact Occupation farmer
Industry or Business farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Della Allen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 7 (b) ~~Born alive and~~ now living 7

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:30 P.M., on the date and at the place stated above, and that personal particulars were furnished by Sarah D. Christensen (First name) (Last name) who is related to this child as mother (Mother, etc.)

Attendant's OWN signature W W Beck M.D. ~~Midwife~~ Address Blackfoot, Ida Date 5-12-43

MAY 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-209.006-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72696

County of Bingham

City of Moreland

Registration District No. 121

File No.

No. ..... St.

Primary Registration District No. 2144

Registered No. 232

Hospital

FULL NAME OF CHILD Unnamed Belnap

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester M. Belnap	FULL MAIDEN NAME	Vere Ellsworth
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

..... 19

Filed Oct 10 1919 Mrs Walter E. Babcock

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

355-211-006-386

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Y.D. St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72697

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 233

FULL NAME OF CHILD Unnamed Lenon

Sex of Child	Twin / Triplet or other?	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 11 1919

FATHER

FULL NAME Esco Lenon

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Illinois

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Myrtle Thompson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1015 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. C. Peck

Physician

(Physician or midwife)

Address Blackfoot Idaho

Filed Oct 10 19 19 M. Nalen E. Oakes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-127-006-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 72698

No. ..... St.

Primary Registration District No. 2194

Registered No. 234

Hospital ..... Millard Lee

FULL NAME OF CHILD ~~[illegible]~~ Coffman

Sex of Child Male

Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Coffman	FULL MAIDEN NAME	Usenith May Gilbert
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Oct 10 1919 Mrs Walter E Patrick

Registrar

Registrar

JAN 12 1942

MAY 7 1956

816-128-006-766

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72699

County of Bingham

City of Thomas

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2144 Registered No. 235

Hospital

FULL NAME OF CHILD Merten William Hawks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frances Sydney Hawks	FULL MAIDEN NAME	Genevieve Pearl Gooden
RESIDENCE	Thomas Ida	RESIDENCE	Thomas Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Black Fork Ida

Registrar

Filed Oct 11 1919 Mrs Valerie Eddie

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-361811

269-201-006-349

Form V. S. No. 1-C 25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72700

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. ..... St.

Primary Registration District No. 1007

Registered No. 236

Hospital ..... THENA JUNE

FULL NAME OF CHILD Thelma June Boice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 1st (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John W. Boice	FULL MAIDEN NAME	Emma L Curell
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oklahoma
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Oct 11 1919 Mrs Valeria E. Tadine

Registrar

Registrar

OCT 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Maricopa

Certificate No. 72700

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thelma June Boice (Name on Original Certificate) who was Born (Was Born or Died) on september 1, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on April 1, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Thelma	Thena June Boice

Subscribed and sworn to before me this 13th day of October, 1942

Notary Public, residing at Phoenix Ariz

My commission expires 10/27-45
(Seal)

Signed Emma Lucille Boice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1348 E Devonshire Phoenix Ariz
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1942

Notary Public, residing at Phoenix Ariz

My commission expires 10/27-45
(Seal)

Signed Allie el Bennett
(Signature of Any Credible Person Other Than Previous Year)

1348 E Devonshire Phoenix Ariz
(Street Address, City, State)

OCT 20 1942

Amended Mar. 31, 19[illegible]

PLACE OF BIRTH

695-208-006-392

County of Bingham

City of Blackfoot

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 72701

Primary Registration District No. 2194 Registered No. 237

FULL NAME OF CHILD DOROTHY WILMA FINDLAY
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		YES	SEPT. 8, 1919

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas W. Findlay	FULL MAIDEN NAME	Bernice C. Tibke
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:10 p.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton, M.D.
(Physician or midwife)

Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Oct. 1 1919 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 72701

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Nellie C.	Dorothy Wilma
Last Name of Child)		
And Father)	Findley	Findlay

Subscribed and sworn to before me this 28th day of
March 1953
Orson Packham
Notary Public, residing at Blackfoot
My commission expires January 30-1954
(Seal)

Signed Howard Findlay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
200 Lincoln St Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72701

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2144

File No. .....

Registered No. 237

FULL NAME OF CHILD Nellie C. Lindley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 8th 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Lindley	FULL MAIDEN NAME	Bernice C Tibbe
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 p.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Oct 11 1914 Dora Baker E. Tibbe

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 17 1964

OCT 14 1971

APR 1 1996

632-123-006-859

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72702

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 238

FULL NAME OF CHILD Albert Wilmer Olson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 23 1919

FATHER	MOTHER
FULL NAME Albert B. Olson	FULL MAIDEN NAME Elizabeth A. Herbst
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. O. Humphreys M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Oct 11 1919 Mrs. Helen E. Davis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-220-006-533

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

Name added 6/8/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Keever (now) St.

Hospital ~~[illegible]~~

Registration District No. 121

File No. 72703

Primary Registration District No. 2194

Registered No. 239

FULL NAME OF CHILD Lillie Loretta Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	July 20 1917

FATHER		MOTHER	
FULL NAME	Jacob A Wheeler	FULL MAIDEN NAME	Bessie Ellis
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Oct 11 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 8 9 37 AM '81

State of Idaho
County of Custer } ss.

Certificate No. 72703
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Wheeler (femle) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 20, 1919 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Lillie Loretta Wheeler

Subscribed and sworn to before me this 2nd day of June, 1981
Notary Public, Elbert F. Vaden
Residing at Mackay Idaho
My commission expires Life time
(Seal)

x Lillie Loretta Wheeler
Signature of Applicant
x Box 2 Mackay Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Custer } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 2nd day of June, 1981
Notary Public, Elbert F. Vaden
Residing at Mackay Idaho
My commission expires Life time
(Seal)

Mrs. Mildred J. Anderson
Supporting Signature
525 Cedar - Mackay, Idaho 83251
Street Address, City, State

inoffice 5/11/81

$4.00

JUN 8 1981

Child's birth cert. Garold Archie Lemmon born Oct. 25, 1947 gives mother as Lillie Loretta Wheeler age 28 born Blackfoot, ID. S.F. #444116
Viewed by V.S.

Church record LDS gives name as Lillie Loretta Wheeler Lemmon born Blackfoot, ID on Jul.20. 1919 Blessed Sept. 7, 1919 Baptized Jun 30, 1928.
Viewed by V.S.

289-108-006 & 14

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R F D 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 72704

Primary Registration District No. 2194

Registered No. 240

FULL NAME OF CHILD Hiroshi Shiozaki

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Boy	X		X	yes	Aug 6th 191 7

	FATHER	MOTHER
FULL NAME	Kiichi Shiozaki	FULL MAIDEN NAME Iteu Aoma
RESIDENCE	Blackfoot Ida R#2	RESIDENCE Blackfoot Ida
COLOR	Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Japan	BIRTHPLACE Japan
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L B Davis M. D.

(Physician or midwife)

Address Blackfoot Ida

Filed Oct 11 19 17 Mrs Dale E. Fabes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First certified copy issued July 21, 1936

AUG 1 4 1969

JUL 3 1 1972

85-123-029-537

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH 72705

County of Latah.

City of Potlatch.

Registration District No. 65

File No.

No. ____ St.

Primary Registration District No. 21-15.

Registered No.

Hospital

FULL NAME OF CHILD Phillip James Hearn.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓	✓	yes.	Sept. 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William. E. Hearn.	Viola. P. Ellsworth
RESIDENCE	Potlatch.	Potlatch.
COLOR	White.	white.
AGE AT LAST BIRTHDAY (Years)	41	34.
BIRTHPLACE	England.	Nebraska.
OCCUPATION	Railway. Agent.	Housewife.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 born alive. (Born alive or stillborn) at 11 55 P. M. on the date above stated.

(Signature) D. Jr. Thompson. M. D.

(Physician or midwife)

Address Potlatch Idaho

Filed Oct 8 1919. D. Jr. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Phillip James Hearn.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓ (To be answered only in event of plural births)	✓	yes.	Sept. 23rd 1919

FATHER		MOTHER	
FULL NAME	Willson E. Hearn.	FULL MAIDEN NAME	Viola P. Ellithorpe
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Nebraska.
OCCUPATION	Railway. Agent.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jer. Thompson. M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed Sept 30th 1919.

D. J. W. Thompson
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 36071

10-2-41

[redacted]

[redacted]

JUN 28 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

263-[redacted]39

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72706

County of Payette

City of Payette

Registration District No. 4

File No.

No. _____ St.

Primary Registration District No. 1008

Registered No. 44

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	yes	Aug 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Bollenbeck	Rose Strohbehn
RESIDENCE	New Plymouth Ida	New Plymouth Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Germany	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 50 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Woodward, M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Filed Sept 1 1919 J. C. Woodward

Registrar

S-Y-CO 38071

Registrar

263-481038-239

PLACE OF BIRTH

County of Payette

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 72707

Primary Registration District No. 1008

Registered No. 45

FULL NAME OF CHILD _____

Sex of Child: Male | Twin, Triplet or other? Twin (To be answered only in event of plural births) and Number in order of birth 2nd | Legitimate? Yes | Date of Birth: Aug (Month) 31 (Day) 1919 (Year)

FATHER

FULL NAME: Henry Bollenbach

RESIDENCE: New Plymouth Idaho

COLOR: White | AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rose Hochhalter

RESIDENCE: New Plymouth Idaho

COLOR: White | AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward, M. D.

(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Sept 1 1919 J. C. Woodward Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-203-038-219

PLACE OF BIRTH Amended 2/15

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72708

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration [redacted] 4 File No. .....

Primary Registration District No. 1008 Registered No. 46

FULL NAME OF CHILD Eileen Christian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes	Sept 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl W Christian	Anna Bardwell
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Miller	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.30 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. R. Woodward, M. D.

(Physician or midwife)

Address Payette Ida

Filed Sept 5 1919 J. C. Woodward
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 8 08 AM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72708

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Christian (Female) (Name on Original Certificate) who was born (Was Born or Died) on September 3, 1919 (Date of Event)
in Payette (Payette) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Merna Eileen Christian

Subscribed and sworn to before me this 28th day of December, 1978.

Notary Public, residing at Nampa, Idaho
My commission expires My Commission Expires Jan. 12 1981
(Seal)

Signed Marguerite G. Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of January, 1979

Notary Public, residing at Payette Idaho
My commission expires April 15, 1982
(Seal)

Signed Nynema Griffin
(Signature of Any Credible Person)

PO Box 873 - Payette Id 83661
(Street Address, City, State)

Permanent-Final High school record gives name as Eileen Christian born 9-3-19 entered 9-5-33. father's name as Earl Christian. viewed by V. S.

Marriage record from Idaho, Payette Idaho gives groom's name as Harold Arthur Schwass and bride's name as Myrna Eileen Christian. married Feb 20, 1941. viewed by V. S.

FEB 16 1979

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415·207·038-946

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72709

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Sep. 7 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Gus Davis	FULL MAIDEN NAME	Eugene Ruoff
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L R Woodward, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette Ida

Filed Sep. 10 1919 J C Woodward

Registrar

Registrar

S-Y-CO 38071

255-221-038-125 Name added 9/18/79

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 72710

Primary Registration District No. 1008 Registered No. 48

FULL NAME OF CHILD Leona Ruth Keele

Sex of Child Fem	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sep (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas A Keele	FULL MAIDEN NAME	Beulah Abernathy
RESIDENCE	Payette Idaho	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo -
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J R Woodward, M.D.

(Physician or midwife)

Address Payette, Ida

Filed Sep 24 1919 J C Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

5-T-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-2-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 16 12 16 PM '79

State of Oregon
County of Malheur } ss.

Certificate No. 72710
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Keele (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 21, 1919 (Date of Event)

in Payette (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Omitted	Leona Ruth Keele

Subscribed and sworn to before me this 11 day of August 1979.

Notary Public, [signature]
Residing at Ontario Oregon
My commission expires 7/26/83
(Seal)

Leona Ruth Keele Medlin
Signature of Applicant
2611-5th St. Baker Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of August 1979.

Notary Public, [signature]
Residing at Ontario Oregon
My commission expires 7/26/83
(Seal)

Marjorie J Carlson
Supporting Signature
2185 NE 7th Renton Wa.
Street Address, City, State
P 8055-

War Rarion Book Four #996308C from US America Office of Price Administration gives name as Leona R. London. from Dayville, Oregon. viewed by V. S.

Reportcard from Maheur County, Oregon for 1926-27. gives nae ad Leona Keele viewed by V. S.

SEP 18 1979

168-129:078-652

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-8-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72711

Registration District No. 4 File No. ____

Primary Registration District No. 1008 Registered No. 49

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 29 1916

FATHER		MOTHER	
FULL NAME	Eric Johnson	FULL MAIDEN NAME	Alice West
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Colo.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) E R Woodward M.D.

(Physician or midwife)

Address Payette Ida

Filed Sept 30 1916 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

dup of 1919-3081413

3:64-229.038-315

PLACE OF BIRTH

STA[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72712

County of Payette

City of Payette

No. ..... St.

Hospital

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 50

FULL NAME OF CHILD Rita Eileen Courtney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Femail		Yes	9 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred M. Courtney	FULL MAIDEN NAME	Gladys Lavetty
RESIDENCE	Payette Idaho.	RESIDENCE	Payette, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 yrs. (Years)	AGE AT LAST BIRTHDAY	20 yrs. (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. L. McDonald M.D.

(Physician or midwife)

Address Payette Ida.

Filed Oct 1 1919 J. C. Woodward

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

SEP 2 6 1946

216-208-038-391

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72713

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. .....

Registered No. 41

FULL NAME OF CHILD Marion Sawyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Femail		Yes	9 (Month) 8 (Day) 1991 (Year)

FATHER		MOTHER	
FULL NAME	Rex Sawyer	FULL MAIDEN NAME	Beth Crandell
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald Mdo.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida.

Filed Sep 6 1919 J. C. Woodward
Registrar

Registrar

S-Y CO. 24000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1972

c.c. 4/23/41. wh

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72714

PLACE OF BIRTH 235-108-03

County of Lincoln

City of Richfield

No. 6 mi S. W. St.

Registration District No. 17 File No. 1

Primary Registration District No. 2200 Registered No. 10

Hospital

FULL NAME OF CHILD Lloyd James Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Stevens	FULL MAIDEN NAME	Cecil May Lewis
RESIDENCE	Richfield 6 mi S. W.	RESIDENCE	Richfield 6 mi S. W.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bluffs San Juan Co Utah	BIRTHPLACE	Salida Chaffee Co Col.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D (Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Filed Oct 1 1919 P. E. Bartlett

Registrar

Registrar

SEP 10 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 958-109-032-275

County of Lincoln

City of Richfield

No. 3 mi west St.

Registration District No. 17

File No. 1 72715

Primary Registration District No. 2200

Registered No. 11

Hospital

FULL NAME OF CHILD Floyd Robert Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 9 1919

FATHER		MOTHER	
FULL NAME	Floyd E Reynolds	FULL MAIDEN NAME	Dorothy E Speedy
RESIDENCE	Richfield 3 mi. West	RESIDENCE	Richfield 3 mi. West
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	345	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Jackson Mich.	BIRTHPLACE	Minneapolis Minn.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Richfield Idaho

Filed Oct 10 1919

P E Bartlett
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72716

PLACE OF BIRTH 699-211-032-863

County of Lincoln

City of Richfield

No. 5 1/2 mi N V 1 E St.

Hospital

Registration District No. 17 File No. 1

Primary Registration District No. 2200 Registered No. 12

FULL NAME OF CHILD Mabel Dorthea Wright

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Lewis Wright	FULL MAIDEN NAME	Ida May Hollen
RESIDENCE	Richfield 5 1/2 mi N 1 E	RESIDENCE	Richfield 5 1/2 m N. 1 m E
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Pennsylvannia	BIRTHPLACE	Pennsylvannia
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Filed Oct 10 1919 P. E. Bartlett
Registrar

Registrar

APR 3 1942

236-420-009-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint — Registration District No. 78 — File No. 72717

No. ..... St. — Primary Registration District No. 2137 — Registered No. .....

Hospital Central

FULL NAME OF CHILD ..... LORRAINE JEAN Bloom

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 20 1919

	FATHER	MOTHER
FULL NAME	Carl Edwin Bloom	FULL MAIDEN NAME Rosalyn Foster
RESIDENCE	Sagel Ida	RESIDENCE Sagel Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	19 (Years)
BIRTHPLACE	Wis	Idaho
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth ..... 1 ... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 2 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Anderson MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 14 1919 FLOYD G. WENDLE

Registrar

Form 3500C

QUICK SERVICE

WESTERN UNION

LOW RATES

MONEY ORDER MESSAGE

Money Sent by Telegraph and Cable to All the World

A. N. WILLIAMS, PRESIDENT | NEWCOMB CARLTON, CHAIRMAN OF THE BOARD | J. C. WILLEVER, FIRST VICE-PRESIDENT

No. FRA43 Boise, Idaho (OFFICE) May 29, (DATE) 19 42

To State Board of Health
(MR., MRS. OR MISS)

Bureau Vital Statistics.
(ADDRESS)

TRANSIT TIME OF THIS MONEY ORDER ____ MINUTES

The Money Order paid you herewith is from Mrs. C E Vromen
(NAME)

at Seattle Wash (PLACE) and included the following message: 72717

Wire confirmation birth Lorraine Jean Bloom Sept 20 1919 Sandpoint Idaho Parents Carl E Bloom Rosalyn Delia Foster. Mail copy 1401 1st Ave

THE WESTERN UNION TELEGRAPH COMPANY

JUL 10 1942

545-116-009-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 72718

No. ..... St.

Primary Registration District No. 2133 Registered No. .....

Hospital City Hosp.

FULL NAME OF CHILD JOHN JOSEPH EMERSON ~~Joseph Emerson~~ Spurrier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 16 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Ralph Emerson Spurrier	FULL MAIDEN NAME	Minnie Georgiana Kelso
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Granite Ohio	BIRTHPLACE	Granite
OCCUPATION	Telegraph operator	OCCUPATION	House wife

Number of child of this mother including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn) at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Page MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Idaho

Filed Oct 14 1919 FLOYD G. WENDLE Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 72718

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Emerson Spurrier (Name on Original Certificate) who Was Born (Was Born or Died) on July 16, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Confirmation & Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 15 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph	John (Jack) Spurrier (or Jacques)

Subscribed and sworn to before me this 14
day of August, 1942.

Notary Public, residing at Medford Ore.
My commission expires Feb 2-1943
(Seal)

Signed Minnie G. Rickman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

337 S. Oakdale Ave., Medford, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of August, 1942.

Notary Public, residing at Medford Ore
My commission expires Feb 2-1943
(Seal)

Signed T. A. Rickman
(Signature of Any Credible Person Other Than Previous Year)

337 1/2 Oakdale Medford Oregon
(Street Address, City, State)

AUG 20 1942

AUG 2 2 1942

SEP 1 6 1942

538-231-009-439

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

County of Bonneville

City of Sandpoint Ida

Registration District No. 78

File No. 72719

No. N. 2 End St.

Primary Registration District No. 2155

Registered No.

Hospital City

FULL NAME OF CHILD Kathryn Eckman

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	other	and	yes	Aug 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. Clarke Eckman	FULL MAIDEN NAME	Mary McInaney
RESIDENCE	Ponderay, Ida	RESIDENCE	Ponderay, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Hartley, Iowa	BIRTHPLACE	Stratford, Canada
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page MD

Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Oct 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-130-009-994

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

Registration District No. 78

File No. 72720

Primary Registration District No. 2135

Registered No. .....

FULL NAME OF CHILD ..... Wesley Franklin Springer

Sex of Child: Male

~~Twin~~ ~~Triplet~~ or other? One and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Aug. 30 (Month) (Day) 1917 (Year)

FATHER

FULL NAME: Willard Franklin Springer

RESIDENCE: Sandpoint Ida

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Michigan

OCCUPATION:

MOTHER

FULL MAIDEN NAME: Lillian Clara Ridley

RESIDENCE: Sandpoint Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. F. Payne MD

..... (Physician or midwife)

Address Sandpoint Idaho

Filed Oct 14 1918

FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1944

863-104 009-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. 514 S. Second St.

Hospital City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

72721

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Julius William Holtorf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 4 1919

FATHER		MOTHER	
FULL NAME	Julius William Holtorf	FULL MAIDEN NAME	Abbie Kniken
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio.
OCCUPATION	Laborer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Page MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint Idaho

Registrar

Filed Oct 14 1919 FLOYD G. WENDLE Registrar

253-212-009-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72722

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Wilma Kathryn Sellers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		ps	9-12-1919

FATHER		MOTHER	
FULL NAME	Jos. D. Sellers	FULL MAIDEN NAME	Jessie L. Williams
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	2[illegible]
BIRTHPLACE	Mo	BIRTHPLACE	N. Dak
OCCUPATION	Labor	OCCUPATION	Hush

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eva Patterson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 4 1952

236-102-009-759

PLACE OF BIRTH

County of Bonner

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72723

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD IRVIN LeROY Blood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Homer Blood	FULL MAIDEN NAME	Endora Perkette
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Chicago
OCCUPATION	Laborer	OCCUPATION	Helper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Pallen

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO, } ss.
County of Bonner. }

Certificate No. 72728
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Blood (Name on original certificate) who was born (Was born or died) on Sept. 3, 1919 (Date of event)
in Sandpoint, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baby Book and Christening Record (Bible record, insurance policy, etc.) prepared on Sept. 10, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Blood	Irvin LeRoy Blood

Subscribed and sworn to before me this 5th. day of December, 19 41.

Notary Public, residing at Sandpoint, Idaho.

My commission expires June 3, 1942.
[SEAL]

Signed Eudora Della Blood (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Sandpoint, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of Bonner. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of December, 1941.

Notary Public, residing at Sandpoint, Idaho.

My commission expires June 3, 1942.
[SEAL]

Signed My mother Mrs. J. H. Lancaster, was the informant. Rosanna Lancaster Peterson
(Signature of any credible person other than the previous affiant.)

424 Superior St. Sandpoint, Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUL 25 1949

595-130-009-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72724

County of Boise

City of Eagle

No. ..... St.

Registration District No. 78 File No. .....

Primary Registration District No. 2135 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ward Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8-30-19

FATHER		MOTHER	
FULL NAME	Jerry Nelson	FULL MAIDEN NAME	Clara Borhum
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	N. J.	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 14 19 19

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1944

765-222-009-861

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 78 File No. 72725

Primary Registration District No. 2135 Registered No. .....

FULL NAME OF CHILD Margie Alice Goethels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	8 22 1919

FATHER		MOTHER	
FULL NAME	John H. Goethels	FULL MAIDEN NAME	Alice J. Hoadley
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn	BIRTHPLACE	England
OCCUPATION	Butcher	OCCUPATION	Hwk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 54 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Oct 14 1919 FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 22, 1940.

JAN 16 1970

844-226009-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72726

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Hudon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	7-26-1919

FATHER		MOTHER	
FULL NAME	Leon Hudon	FULL MAIDEN NAME	Kate Frank
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Hwp

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Oct. 14 1919 FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-101-009-623 [redacted] No. 11-C—25m-9-8-17

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 78 File No. 72727

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD John Halstein

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	7-1-1919

FATHER		MOTHER	
FULL NAME	George Halstein	FULL MAIDEN NAME	Anna Oschgar
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mis.	BIRTHPLACE	Mis
OCCUPATION	Laborer	OCCUPATION	Hair

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician or midwife)

Given names added from a supplemental report.

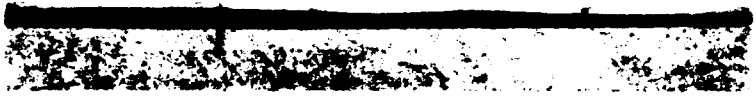
..... 19.....

Address .....

Registrar

Filed Oct 14 1919

FLOYD G. WENDLE
Registrar



FEB 13 1948

845-204-009-394

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital ..... G

Registration District No. 75

File No. 72729

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Gertrude May Hunt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	6 4 1919

FATHER		MOTHER	
FULL NAME	R. H. Hunt	FULL MAIDEN NAME	Carrie Timblin
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	R. R. Laborer	OCCUPATION	Hwifp.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (~~Born alive or stillborn~~), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct. 14 1919

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-217-009-319-

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72731

County of Bonner

City of Cocolalla

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Helen Swanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yr	7 ~~16~~ 17 1919

FATHER		MOTHER	
FULL NAME	Gus. Swanson	FULL MAIDEN NAME	Cora Cain
RESIDENCE	Cocolalla	RESIDENCE	Cocolalla
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	R.R. Signal man	OCCUPATION	Hush

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Pattison

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7/17 1919

FLOYD G. WENDLE

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sacramento, California
October 10, 1940.

I, Cora Swanson, do hereby state that I am the parent of Helen Swanson who was born on July 17, 1919 at Cocolalla, Idaho.

Mrs. Cora Swanson

Certified and sworn to before me Helen S. Bailey a Notary Public of the County of Sacramento, State of Californoa on the 10th day of October 1940.

Helen S. Bailey

One copy 10/22/40 I.F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-110-009-194

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72732

County of .....

City of ..... Registration District No. 75 File No. .....

No. ..... St. Primary Registration District No. 2 1 1 Registered No. .....

Hospital ..... Robert Partridge

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	7 - 10 - 19

FATHER		MOTHER	
FULL NAME	B. C. Partridge	FULL MAIDEN NAME	Hazel Ambuster
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ills
OCCUPATION	R.R. Depot Agt.	OCCUPATION	Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 1, 1919 FLOYD G. WENDLE Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

719-21-009-819

PLACE OF BIRTH

County of BONNER

City of EDGEMERE

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72733

Registration District No. 7 D

Primary Registration District No. 2153

File No. _____

Registered No. _____

Full Name of Child Walter Wayne Parr

SEX OF CHILD: M	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? yes	DATE OF BIRTH: Sept 21 (Month) (Day) 19 17 (Year)	

FATHER

FULL NAME: R. W. Parr

RESIDENCE: Edgemere Ida.

COLOR: W AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Danville. Iowa

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Orpa. J. Harris

RESIDENCE: Edgemere Ida

COLOR: W AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Audenville. Mo.

OCCUPATION: Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I ~~hereby certify that I attended the birth of this child, who was~~ Born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Informant C. B. Harris Edgemere

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Oct 17 1949 FLOYD G. WENDLE Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

557-11-2-

PLACE OF BIRTH 078 692

[illegible] No. 11—25m-6-15-18

[illegible]

CERTIFICATE OF BIRTH 72734

County of Payette

City of Payette

No. _____ St.

Hospital _____

Registration District No. _____ **File No.** _____

Primary Registration District No. _____ **Registered No.** 4[illegible]

Full Name of Child EDGAR FRANKLIN Engle

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH Sept. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred A. Engle	FULL MAIDEN NAME	Donna M. Wise
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

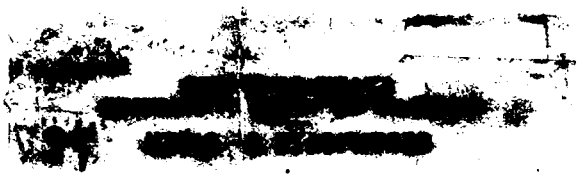
Address Ontario - Oregon

Filed Sep 15 1919 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 72734
Date Filed 11-27-41

The undersigned does solemnly swear that certain facts on the certificate of (birth or death) for Edgar Franklin Engle (Name on original certificate) who was born (Was born or died) on Sept. 12, 1919 (Date of event) in Payette, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on at time of birth (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Engle	Edgar Franklin Engle

Subscribed and sworn to before me this 27th day of Nov., 1941

Irvin C. Greif

Notary Public, residing at Payette Idaho

My commission expires Feb. 13, 1944

[SEAL]

Signed Fred A Engle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Nov., 1941

Irvin C. Greif

Notary Public, residing at Payette Idaho

My commission expires Feb-13-1944

[SEAL]

Signed Mrs Grant Fisher
(Signature of any credible person other than the previous affiant.)

Payette, Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

12-12-4

253-116-038-693

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72735

County of Payette

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 443

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. O. Kelly	Flora Williams
RESIDENCE	Payette Co. Idaho	Payette County
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Virginia	Pennsylvania
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.10 A. M. on the date above stated.

(Signature) J. C. Woodward M.D.

Physician (Physician or midwife)

Address Payette Idaho

Filed Sept 17 1919 J. C. Woodward Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 3 1976

814-104-029-869

[redacted] IDAHO
BUREAU OF [redacted] L STATISTICS

Form V. S. No. 11-C—25m-1-1-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

72736

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

Registration District No. 68

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lorin Gilbert Hampton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Sept 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph D Hampton	FULL MAIDEN NAME	Mary Horn
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed Sept 15 19 19 R A Geppler Registrar

S-Y CO. 24655

NOV 18 1941

APR 29 1966

415-116-029-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68

File No.

No. ..... St.

Primary Registration District No.

Registered No. 72737

Hospital

FULL NAME OF CHILD Arthur Joseph Davidson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Byard Wilber Davidson	FULL MAIDEN NAME	Amy Frances Keith
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell Md

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed Oct 10 1919 R. F. Pepple Registrar

Registrar

Juliaetta Jan

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

742-17-029-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72738

Registration District No. 68 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clarabell Viola Sweeden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Sept 17 19

FATHER

FULL NAME J Blaine Sweeden

RESIDENCE Juliaetta R.F.D 2

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Va

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Azora Pierce

RESIDENCE Juliaetta R.F.D 2

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Minn

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M (Born alive or stillborn) on the date above stated.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed Oct 1 19 19 R. A. Peppler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

..dup of 1919-177810

651-118-029-243

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72739

County of Latah

City of Juliaetta

Registration District No. 68

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Jarel Andrew Weatherby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 - 18 - 1919

FATHER		MOTHER	
FULL NAME	Ben H Weatherby	FULL MAIDEN NAME	Frances E Buckallen
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	3
BIRTHPLACE	Idaho	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Kendrick Idaho

19

Filed Oct 1 1919 R. A. Pepple

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847/12V. 029-132

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72740

Registration District No. 68 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Howard Wendall Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 24 1917

	FATHER	MOTHER
FULL NAME	Raleigh Adam Hughes	FULL MAIDEN NAME Ida Alber
RESIDENCE	Kendrick Idaho	RESIDENCE Kendrick Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE Missouri
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 15 1917 A. H. Pepper Registrar

Juliaetta Idaho

B-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

C.C.
10/3/40

249-225-029-485

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72741

Registration District No. 68 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ellen Almeta Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Sept 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James T Smith	Margret E. Myers
RESIDENCE	Juliaetta	Juliaetta
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	46
BIRTHPLACE	Ark.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Filed Oct 1 1919 R. A. Pepper Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-208-[illegible]-662

PLACE OF BIRTH

County of Gem

City of Sweet

No. _____, _____ St.

Hospital _____

Registration District No. [illegible] File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD ~~[illegible]~~ Phillips, Mae Marie

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 8, 1919

FATHER		MOTHER	
FULL NAME	Clyde Phillips	FULL MAIDEN NAME	Dora Foster Phillips
RESIDENCE	Sweet Ida.	RESIDENCE	Sweet
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Austin G. Byrd M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address _____

_____, 19__

Registrar

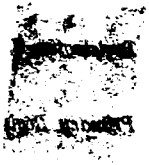
Filed 10/17 1919 J. L. Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



FEB 29 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 72742

Date Filed October 17, 1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Phillips (female child) (Name on Original Certificate) who wasborn (Was Born or Died) on Oct. 8, 1919 (Date of Event)
in Sweet, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mae Marie Phillips

Subscribed and sworn to before me this 29 day of February, 19 68.

Notary Public, residing at Eagle, Idaho

My commission expires Sept 26, 1969

(Seal)

Signed Mrs. Dora E. Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

221 West 1st Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

In office 2-29-68.

FORM DH 60-155

Emmett, Idaho High School Diploma, dated May 25, 1937 gives full name as Mae Marie Phillips - viewed by V.S.

Certificate of Marriage, married at Emmett, Idaho June 23, 1938 givesfull name of groom as James Hoyt Ross and Mae Marie Phillips - viewed by V.S.

FEB 29 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

-967-222-023-149

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 12743

County of Gem

City of Vicinity Emmett Registration District No. 1070 File No.

No. , St.

Primary Registration District No. Registered No.

Hospital HELEN MAE

FULL NAME OF CHILD Rogers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 22, 1919

FATHER		MOTHER	
FULL NAME	Fred R Rogers	FULL MAIDEN NAME	Hazel Amidon Rogers
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Austin G. Byrd M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Registrar

Address

Filed 10/17/ 1919 J L Reynolds Registrar

S-Y CO., 166-0

K

RECEIVED
APR 28 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem

Certificate No. 72743

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for (Un-named) Rogers (Name on Original Certificate) who was born (Was Born or Died) on Sept 22, 1919 (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affiants (Bible Record, Insurance Policy, Etc.) prepared on date (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Helen Mae Rogers

Subscribed and sworn to before me this 26th day of April, 1955.

A. O'Mahan

Notary Public, residing at Emmett, Idaho

My commission expires Oct 13, 1957

(Seal)

Signed Mrs Fred R Rogers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Emmett Idaho Rt 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1955.

A. O'Mahan

Notary Public, residing at Emmett, Idaho

My commission expires Oct. 13, 1957

(Seal)

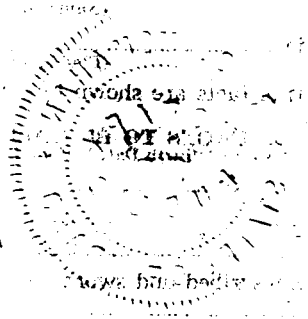
Signed Mrs. Verna F. Sheets
(Signature of Any Credible Person)

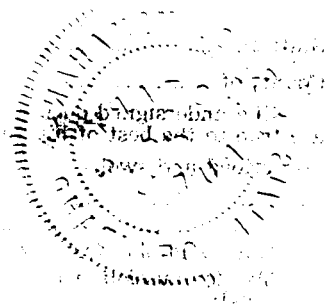
116 No. Hardwell, Emmett Idaho.
(Street Address, City, State)

DPH 52.155

Affidavit mailed prior to ~~prest~~- present ruling dated Feb. 24, 1955.

APR 28 1955





Amended 8/22/74

PLACE OF BIRTH

315 214 023-919

County of Gem

City of Vicinity of Emmett

Registration District No. 1020 File No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ruby Emma Idele Van Zante

Form V. S. No. 11-C—15m-6-20-11

[redacted] OF IDAHO

Vital Statistics

CATE OF BIRTH 72744

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 14, 1919

FATHER		MOTHER	
FULL NAME	Deles Van Zante	FULL MAIDEN NAME	Lola Marshall Van Zante
RESIDENCE	Emmett Ida.	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Austin G. Byrd M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Registrar

Filed 10/17 1919 J. L. Reynolds Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 72744

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed male Van Zante (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1919 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruby Emma Idele Van Zante
child's sex	Male	female
father's birthplace	Washington	Iowa

Subscribed and sworn to before me this 22nd day of August, 1974

Brenda MacPherson

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed W. E. Greene

(Signature of parent of attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3876 E. Harvard Ave, Fresno Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

1 Marriage certificate #1773 Elko County, NV dated April 23, 1939 gives Ruby Emma Idele Van Zante married to William Grover Tranmer.--viewed by VS

AUG 22 1974

2 Certificate of Baptism and confirmation for own daughter, LoLana Faye Tranmer dated November 20, 1950 gives mother's name as Ruby Emma Idele Van Zante--viewed by VS

1. brother's birth certificate on file Idaho #145157 for Roy Dene Van Zante born September 7, 1926 gives father's birthplace as Iowa.--viewed by VS
2. photocopy of family record on father shows his birthplace as Iowa--viewed by VS.

first two documents also establish sex as female.

959 711 [redacted]

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH [redacted]

023-293

County of Vern

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 72745

City of Emmett

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Unnamed~~ Harvey Killion Reid

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 11, 1919

	FATHER		MOTHER
FULL NAME	Alexander Craig Reid	FULL MAIDEN NAME	Kate ~~Reid~~ KILLION
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W. AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Registrar

Filed 10/17 1919 J L Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

766-201-0

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

T2748

County of Gem

City of Emmett

No. _____ St.

Registration District No. 1010

File No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Thelma Mary Powell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
F			yes	Sept 1 (Month) (Day) 1917 (Year)

FATHER

FULL NAME: Lee William Powell

RESIDENCE: Montour Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Emma Elizabeth Pederson

RESIDENCE: Montour Idaho

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Oregon

OCCUPATION: House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn), at 5 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds (Physician or midwife)

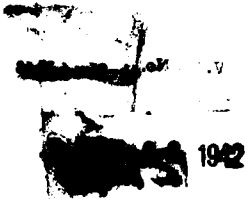
Address Emmett Idaho

Given names added from a supplemental report.

_____ 19____ Registrar

Filed Oct 2 1917 J. L. Reynolds Registrar

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 72748

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Bird (Birth or Death)
for Thelma May Powell (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)
in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on Nov 19, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Thelma May	Thelma Mary Powell

Subscribed and sworn to before me this 19th
day of November, 1942
Margaret Emeke
Notary Public residing at Emmett Idaho
My commission expires Oct 13, 1944
(Seal)

Signed Lee W. Powell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
Bruce Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 1 0 1943

256-228.023-295

PLACE OF BIRTH

County of Linn

City of Gannett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

72749

Registration District No. [redacted]

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Lila Wanda Knopf

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			Yes	Sept 28 1918

FATHER		MOTHER	
FULL NAME	Herman E Knopf	FULL MAIDEN NAME	Ebbie L King
RESIDENCE	Gannett Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Common Labor	OCCUPATION	Home wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 15 M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address Gannett Idaho

_____ Registrar Filed Sept 30 1918 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 24 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 72749

County of Gem } Date Filed 6/18/73

BUREAU OF VITAL STATISTICS JAN 7 1 17 PM '74

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Knopf (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1919 (Date of Event)

in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lila Wanda Knopf

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.

County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1973

Edith M. Wilkes

Notary Public, residing at Lemon Grove Ca

My commission expires Jan 17, 1975

(Seal)

Signed Gilbert E. Knopf

(Signature of Any Credible Person)

1765 El Dora St Lemon Grove Ca, 92045

(Street Address, City, State)

EDITH M. WILKES
Notary Public
Principal Office, San Diego Co., Calif.
My Commission Expires Jan. 17, 1975

FORM DN 601-55

CL 5/2/73 nm RUSH!

Grants Pass Public Schools gives name as Lia Wanda Knopf dated May 26, 1933. from Oregon. Viewed by V. S.

JAN 7 1974

Marriage ~~Certificate~~ Certificate from Oregon gives groom's name as Leonard Wonder and the bride's name as Lila Knopf. dated Oct. 28, 1938. Viwed by V. S.

WS 103-0 98-767

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72750

County of Boise

City of Dry Buck

No. _____ St.

Registration District No. 1010

File No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child John Clayton MANSON

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Sept 3 1917

FATHER		MOTHER	
FULL NAME	Clayton Clark Manson	FULL MAIDEN NAME	Ruth Pope
RESIDENCE	Gardena Ida	RESIDENCE	Wise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wise	BIRTHPLACE	Wise
OCCUPATION	Stock and Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.05 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Gardena Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-1 1917 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 13 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-105-023-735

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72751

County of Gem

City of Sweet

No. _____ St.

Hospital _____

Registration District No. 1010

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child EMMETT EDWARD DRISCOLL

SEX OF CHILD: Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH: 9 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Patrick Driscoll	FULL MAIDEN NAME	Charlotte Zella Glenn
RESIDENCE	Sweet Ida	RESIDENCE	Sweet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Emmett Ida

Filed 9 6 1919 J. L. Reynolds Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of ADA }

Certificate No. 72751

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Emmett Edward Driscoll (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 5, 1919 (DATE OF EVENT) in Sweet, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Driscoll	Emmett Edward

Subscribed and sworn to before me this 26th day of December, 19 41

Frances McKenna

Notary Public, residing at Boise, Idaho

My commission expires Nov. 6, 1944

(SEAL)

Signed William P Driscoll

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Letha, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 19 41

Frances McKenna

Notary Public, residing at Boise, Idaho

My commission expires Nov. 6, 1944

(SEAL)

Signed Charlotte Zella Driscoll

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Letha, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 26 1941

DEC 7 1943

349.209.023 - VS3

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 1020

File No. 72752

Primary Registration District No. _____

Registered No. _____

Full Name of Child Edna Louise Furnes

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F				yes	6 / 9 / 19

FATHER

FULL NAME George Edward Furnes

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Loise May Reynolds

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Wisc

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 20 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6 / 11 1917 J. L. Reynolds

Registrar

of each, in order of birth stated.

MAR 27 1969

168-209-023-295

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 1020

File No. 72753

Primary Registration District No. .....

Registered No. .....

Full Name of Child Edna Elaine Johnson

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 10/4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Alvin Johnson	FULL MAIDEN NAME	Elvira Kinney
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Common Labor	OCCUPATION	House-wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett Ida

Filed 10/10 1919 J. L. Reynolds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1944

315.26 4023-258

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72754

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 1010

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child Shirley Jean Caviness

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Berin Caviness	FULL MAIDEN NAME	Lila Jane Key
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett Ida

Filed 12/5 1919 J. L. Reynolds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PL[redacted]

692-[redacted]-331

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. Ninth St.

Hospital

Registration District No. 39

Primary Registration District No. 2087

File No. 72755

Registered No.

FULL NAME OF CHILD Madge Fisher

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Dennis Fisher	FULL MAIDEN NAME	Chloe Clark
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	dark	COLOR	light
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oxford, Ida.	BIRTHPLACE	Teton, Ida.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Mourol
Buhl, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed OCT 1 1919

J. H. Murphy
Registrar

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Alameda

RECEIVED
APR 27 1964
Bureau of Vital Statistics

Certificate No. 72755

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Fisher (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church + school record (Bible Record, Insurance Policy, Etc.) prepared on Aug 1926 - Oct 5, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Madge Fisher

Subscribed and sworn to before me this 26th day of March, 1964

Betty E. Fisher (BETTY E. FISHER)

Notary Public, residing at San Lorenzo, Calif

My commission expires My Commission Expires August 18, 1967

(Seal)

Signed Mrs. J. Skotvald

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1926 - 64 ave Oakland Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1964

Betty E. Fisher (BETTY E. FISHER)

Notary Public, residing at San Lorenzo, Calif

My commission expires Aug. 18, 1967

(Seal)

Signed Max C. Fisher

(Signature of Any Credible Person)

91 Corte Eulalia

(Street Address, City, State)

San Lorenzo, Calif

FORM DH 60-155 CL 1-21-64. one copy pd. rec. #14615. one copy pd. rec. #19002. Total of 2 copies pd.

L.D.S. Church Cert. of Blessing, Oct. 5, 1919 gives full name as Madge Fisher, daughter of Guy D. Fisher and Chloe Clark, born in 1919 at Buhl, Idaho - viewed by V.S.

Statement from Stuart S. Phillips, Supt. of Schools, Oakland Public Schools, Oakland, California, statement written March 20, 1964 states "This is to certify that according to our school records dated August, 1926 - Madge Fisher was born in Buhl, Idaho on September 16, 1919. Left Bret Harte Jr. High for Escalon, California on December 13, 1933." - viewed by V.S.

MAY 5 1964

365-101-0342-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72756

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. ..... St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD JOSEPH GLENN CONRAD, JR.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 1 1919

FATHER		MOTHER	
FULL NAME	J. G. Conrad	FULL MAIDEN NAME	Flora Johnson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Registrar

Filed 9-2 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Santa Barbara } ss.

FEB 16 1942

Certificate No. 72756

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 72756 (Birth or Death) for Joseph Glenn Conrad Jr. (Name on Original Certificate) who Born (Was Born or Died) on Sept 1, 1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Joseph Glenn Conrad Jr.

Subscribed and sworn to before me this 13th day of Febr., 19 42

Notary Public, residing at Santa Maria, Calif.

My commission expires Oct. 2, 1944
(Seal)

Signed Flora Conrad.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Jewell St., Santa Maria, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

121-202-082-512

City of Buhl Ida

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 72757

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 9 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tom Akagi	FULL MAIDEN NAME	Kiyo Nakamura
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laundry man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostatic copy 7/24/42

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed OCT 1 1919

J. H. Murphy Registrar

STATE OF [redacted]

DEPARTMENT OF PUBLIC HEALTH — [redacted] OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND [redacted] CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 72757

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Shizuko Kasai Akagi (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by oath of the Mother (Bible Record, Insurance Policy, Etc.) prepared on July 21, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Shizuke Kasai Akagi

Subscribed and sworn to before me this 21st
day of July 1942
Theodore H. Gathe, Jr.
Notary Public, residing at Pocatello, Idaho
My commission expires My Commission expires Feb. 15, 1946
(Seal)

Signed Riyo Kasai Akagi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
144 So. 2nd, Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of July 1942
Theodore H. Gathe, Jr.
Notary Public, residing at Pocatello, Idaho.
My commission expires My Commission expires Feb. 15, 1946
(Seal)

Signed Frank Kasai Akagi
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 23 1942

JUL 24 1942

754-104-092-245

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Idaho

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 72758

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	9 4 1919

FATHER		MOTHER	
FULL NAME	E. H. Pemberton	FULL MAIDEN NAME	Emma Kuengle
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.50 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Washburn

Phys (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed OCT 1 1919

J. T. Wrigley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

945-204-042-695

PLACE OF BIRTH

Form V. S. No. 41-C—Mm-6-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 72759

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Phyllis Elenor Runkle ~~Runkle~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Sep 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orvin Runkle	FULL MAIDEN NAME	Vera Winters
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl, Ida.

Filed OCT 1 1919 J. H. Humphrey
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Photo Copy of Grade Transcript, Folsom Senior High School Folsom, California, graduated June 4, 1937 gives full name of student as Phyllis Elenor Runkle, born Sept. 4, 1919- viewed by V.S.

Notification of Birth Registration, State of California, gives full name of child as Edward Dean Stetson, 2nd, born June 22, 1940 at Sacramento, California to Edward Dean Stetson and Phyllis Elenor Runkle ⊕ cert. no. 1370 - viewed by V.S.

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

1 Copy paid

OFFICE OF
SACRAMENTO COUNTY RECORDER
ROOM 300, COUNTY ADMINISTRATION BLDG.
P. O. BOX 1206
SACRAMENTO 6, CALIFORNIA

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child: Phyllis Elenor Runkle
Date of Birth: Sept 4th 1919
Place of Birth: Buhl, Idaho
Sex of Child: Female
Full Name of Father: Orwin Runkle
Residence at Child's Birth: Buhl, Idaho
Age at Child's Birth: Twenty one years
Color or Race: White
Birthplace: Fort Scott, Kansas
Occupation at Child's Birth: Self employed farm worker
Full Maiden Name of Mother: Vera Janetta Winter
Residence at Child's Birth: Buhl, Idaho
Age at Child's Birth: Nineteen years
Color or Race: White
Birthplace: Scofield Oregon
Occupation at Child's Birth: Housewife

I HEREBY CERTIFY that I am the Aunt of this child, who was born on the date above stated.

Charles A. Boyd

CHARLES A. BOYD
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My commission expires June 23, 1967

I was born April 3rd 1903 (DATE)

Affiant Mrs. O.W. Runkle (Aunt. Runkle)

Address 5413 - 78th St, Sacto 20 Calif

Dated 29th Jan., 1965

Subscribed and sworn to before me this 29th day of January, 1965

Charles A. Boyd.

SEAL

Notary Public for Sacramento County, State of California

The RECORDING of this Document does not vouch for the truth of any of the statements alleged.

JUN 17 1965

217-107-042-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72760

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Richard Russell Baxter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Baxter	FULL MAIDEN NAME	Grace Hoover
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed OCT 1 1919

J. H. Murphy Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/13/41 L. P.

864-108 042-955

Form V. S. No. 11 -25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida.

Registration District No. 39

File No. 72761

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Theodore Rogan Homling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Michael Homling	FULL MAIDEN NAME	Maria Renne
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Esthonia	BIRTHPLACE	Petrograd Russia
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed OCT 1 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 72[illegible]

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for No Name Homling (NAME ON ORIGINAL CERTIFICATE) who WAS Born (WAS BORN OR DIED) on Sept 8, 1919 (DATE OF EVENT) in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by drivers certif other evidence (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 2 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
~~Theodore Rogan Homling~~	~~Homling~~	~~to certify name.~~
	~~(No name on original~~	
NAME	UNNAMED Homling	Theodore Rogan Homling

Subscribed and sworn to before me this 10th day of January, 1942

Willis Cheoffatt

Notary Public, residing at Boise

My commission expires Jan 28, 1942 (SEAL)

Signed Theodore Rogan Homling (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Buhl, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1942

Willis Cheoffatt

Notary Public, residing at Boise Idaho

My commission expires Jan 28, 1942 (SEAL)

Signed Melvin E. McEwen (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Idahome, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

JAN 1 0 19[illegible]

APR 9 1947

238-208-042-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72762

County of Twin Falls.

City of Buhl Castleford. Registration District No. 39 File No.

No. St. Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Marjorie Dean Schlake

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	9 8 19

FATHER		MOTHER	
FULL NAME	Julius Schlake	FULL MAIDEN NAME	Lola Cook
RESIDENCE	Buhl. Ida.	RESIDENCE	Buhl. Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ger.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed 9-9-1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 72762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Schlakey (Name on Original Certificate) who born (Was Born or Died) on Sept. 8, 1919 (Date of Event)
in Bastleford, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Dr.) (Bible Record, Insurance Policy, Etc.) prepared on Nov 4th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Schlakey	Marjorie Dean Schlake

Subscribed and sworn to before me this 4th
day of Nov, 1942
William J. Hanchin
Notary Public, residing at Buhl Idaho
My commission expires 8/21/43
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)
833 Shoshone St. N. Twin Falls Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of Nov, 1942
William J. Hanchin
Notary Public, residing at Buhl Idaho
My commission expires 8/21/43
(Seal)

Signed John A Noble (Signature of Any Credible Person Other Than Previous Year)
Buhl Idaho (Street Address, City, State)

JAN 2 8 1943

763-109-042-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72763

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam'l Gilbert Potter	FULL MAIDEN NAME	Elma Anna Doerschlag
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl, Ida.

Filed 10-1 1919

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-111 - 242-319

PLACE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 72764

Primary Registration District No. 2187 Registered No. .....

FULL NAME OF CHILD ..... LEWIS KEITH BOWEN .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M.		Yes.	9 11 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. H. Bowen.	Mary E. Jansen.
RESIDENCE	Castleford.	Castleford.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Murphy M. D.

(Physician or midwife)

Address Buhl Ida

Filed 9-13 1917 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 72764

Date Filed SEP [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lewis Keith Bowen (Name on Original Certificate) who was born (Was Born or Died) on September 11, 1919 (Date of Event) in Castle Ford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on March 7, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Lewis Keith Bowen

Subscribed and sworn to before me this 6th day of April, 1942

Notary Public, residing at Salt Lake City, Ut.

My commission expires June 10, 1943 (Seal)

Signed Mary A. Larsen Bowen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

254 7th Avenue, Salt Lake City, Uth
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 1942

Notary Public, residing at Salt Lake City, Ut.

My commission expires June 10, 1943 (Seal)

Signed Wm W Bowen
(Signature of Any Credible Person Other Than Previous Year)

254 7th Ave., Salt Lake City, Utah
(Street Address, City, State)

JUN 8 1976

APR 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25 [illegible]

PLACE OF BIRTH 133-21-042-289

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 72765

Primary Registration District No. 2[illegible]

Registered No. .....

FULL NAME OF CHILD Ruth Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	9 11 1919

FATHER		MOTHER	
FULL NAME	Wm Albert Allen	FULL MAIDEN NAME	Nella Shropshire
RESIDENCE	Castleford Ida	RESIDENCE	Castleford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed OCT 1 1919 J. H. Murphy Registrar

Receipt of Payment, Division of Cosmetology and Hairdressing, Jefferson City, Missouri, dated Jan. 26, 1941 - No. of [illegible] IDAHO DEPARTMENT OF HEALTH
4255 - gives full name as Ruth Allen - viewed by U.S. Mountain Grove Senior High School
Diploma, Mountain Grove, Missouri, BUREAU OF VITAL STATISTICS
dated May 18, 1939 gives full name of student as Ruth Allen - viewed by U.S.

RECEIVED
SEP 24 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Missouri
County of Wright } ss.

Certificate No. 72765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Allen (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Allen

Subscribed and sworn to before me this 10th day of September, 1963

Signed W. A. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mtn. Grove, Mo.
My commission expires August 15, 1967
(Seal)

Mtn. Grove, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155

CL 9-4-63. nm

SEP 24 1963

895-217-042-534

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72766

Primary Registration District No. 2187

Registered No. .....

FULL NAME OF CHILD Sheila Maccine Hinton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Sept. 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter J. Hinton	FULL MAIDEN NAME	Myrtle Elms
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Hamilton, Oreg.	BIRTHPLACE	Iron Side, Oreg.
OCCUPATION	Theatre Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Buhl, Ida.

Filed 10-1 1919 J. H. Murphy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72766

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Sheila Maccine Hinton

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs W. J. Hinton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 2 7 1969

OCT 1 1957

OCT 3 1 1964

366 120-042-543

PLACE OF BIRTH

Form V. S. No. 11-C-25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 72767

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD FLOYD ANDREW LOW

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9 20 1919

FATHER		MOTHER	
FULL NAME	John Low	FULL MAIDEN NAME	Gertrude Nutter
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Kentucky	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Shellusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed OCT 1 1919 J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO DEC 26 1941

DEPARTM[ENT] OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 72767

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Unnamed Low (Name on original certificate) who was born (Was born or died) on Sept 20, 1919 (Date of event)

in Buhl, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Low	Floyd Andrew Low

Subscribed and sworn to before me this 24 day of Dec, 19 41

Notary Public, residing at Buhl Idaho

My commission expires 10/8/42

[SEAL]

Signed Gertrude Low Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N. 7th St. Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

DEC 27 1941

OCT 17 195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

238-221-042-453

City of .....

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72768

Primary Registration District No. 208

Registered No. .....

FULL NAME OF CHILD CHARLOTTE MADELINE SCHLICHTING

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 9 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. A. Schlichting	FULL MAIDEN NAME	Emma Melcher
RESIDENCE	Buhl Ida	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn.	BIRTHPLACE	Wisconsin
OCCUPATION	Minister Lutheran	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed OCT 1 1919

[signature] Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

Certificate No. 72768
Date Filed 6-16-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Charlotte Marie Schlichting (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certif (Bible Record, Insurance Policy, Etc.) prepared on Oct. 6, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	~~Charlotte Marie Schlichting~~
~~Charlotte Madeline Schlichting~~		Charlotte Madeline Schlichting

Subscribed and sworn to before me this 22nd day of May 1942

E. C. Carlson
Notary Public, residing at Pasadena, Calif

My commission expires Jan 16-1945
(Seal)

Signed John August Schlichting
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2000 E Bngden Road Pasadena Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1942

Frank Wall
Notary Public, residing at 405 Hilgard Ave

My commission expires Notary Public in and for the County of Los Angeles, State of California
(Seal)

Signed Miriam Schlichting Lammerts
(Signature of Any Credible Person Other Than Previous Year)

10655 Santa Monica Blvd.
(Street Address, City, State)
West Los Angeles, Calif.

My Commission Expires Oct. 23, 1944

MAY 26 1942

MAY 28 1942

239-123 242-315

PLACE OF BIRTH amend 12-8-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

72769

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Joseph Norman Stratton

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 23 1917

FATHER	MOTHER
FULL NAME Ernest B. Stratton	FULL MAIDEN NAME Mary Hansen
RESIDENCE Buhl, Ida.	RESIDENCE Buhl, Ida.
COLOR Wht	COLOR Wht
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kanosa, Utah	BIRTHPLACE Teton Basin, Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 10-1 19 19 J. H. Merrifield
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

10-20-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 7 2 26 PM '81

State of _____ } ss.
County of _____

Certificate No. 72769
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Stratton (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-23-19 (Date of Event)
in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Joseph Norman Stratton

Subscribed and sworn to before me this 12-2 day of _____, 19 81

Notary Public, Frank J Brown
Residing at 2321 Vista View Dr - Twin Falls
My commission expires Nov 15 1984
(Seal)

Joseph Norman Stratton
Signature of Applicant
4120 E 104th Tacoma Wash.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Washington } ss.
County of Twin

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 19 81

Notary Public, Frank J Brown Twin Falls Idaho 83301
Residing at 2321 Vista View Dr.
My commission expires November 15, 1984
(Seal)

Mary Schafer
Supporting Signature
4120 E 104th Tacoma Wn
Street Address, City, State

1 cc pd

LDS Church Cert of Birth gives Joseph Norman Stratton born 9-23-19 in Buhl to Earnest B Stratton and Mary Hansen . Recorded in Twin Falls Stake, Twin Falls Ward Record of Births and Blessings , 1920, Page 540, Line 384. Entered on Record 1-4-20. Viewed by V.S.

DEC 8 1981

Army of the United States Honorable Discharge gives Joseph N Stratton was discharged on 7-17-45. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

386-123-042-215

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

77

72770

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Vincent Joseph Chojnacky

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Richard Chojnacky	FULL MAIDEN NAME	Bertha Savelberg
RESIDENCE	Rose Worth	RESIDENCE	Rose Worth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Mellusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed OCT 1 1919

J. H. Murphy

Registrar

5/27, 1941 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-124.042-515

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72771

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD JAMES CAROL Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roscoe E. Walker	FULL MAIDEN NAME	Gertrude Van Zante
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl, Ida.

Filed 10-1 1919 J. H. Murphy

Registrar Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 72771

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~xxxxx~~ Birth (BIRTH OR DEATH)

for James Carol Walker (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 24th 1919 (DATE OF EVENT)

in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	James Carol Walker

Name of Father Roscoe Elmer Walker Age at birth of registrant 22.

(Please give father's full name and age at this birth)

Subscribed and sworn to before me this 23rd day of December, 19 42

[signature]

Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945

(SEAL)

Signed Gertrude Walker

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 2 8 1942

843.127.092-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72772

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Max Dale Hutchins

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 27 1917

FATHER		MOTHER	
FULL NAME	Hugh Allen Hutchins	FULL MAIDEN NAME	Maple Perry
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wabash, Ind.	BIRTHPLACE	Mapleton, Utah
OCCUPATION	Truck Driver	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-1 1917 J. W. Murphy

Registrar

Affidavit April 21st 1941

To whom it may comcern

This is to certify that Mar Dale Hutchins was born in Buhl Idaho September 27th 1919 and should have been so reported by the attending physician Dr Jennings.

We his parents declare the date sept. 25th 1919 to be an error.

H. A. Hutchins

Mrs H. A. Hutchins (Maple Perry

Subscribed and sworn to before me this
21st day of April 1941
C. J. Frahm Notary Public
In and for the County of Los Angeles, State of California

c.c. 4/kə/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 433-226-042137

County of Twin Falls

City of Buhl Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 72773

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Mary Nadine McCabe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	9 26 1919

FATHER		MOTHER	
FULL NAME	R. R. McCabe	FULL MAIDEN NAME	Annie Alger
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash	BIRTHPLACE	South Dakota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed OCT 1 1919 J. H. Murphy Registrar

K

APR 2 8 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAY 17 1971 Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. 72773
Date Filed Oct. 1, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed McCabe (Name on Original Certificate) who was born (Was Born or Died) on 9-26-19 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name-	omitted	Mary Nadine McCabe

Subscribed and sworn to before me this 10th day of May, 1971

H K Wickham
Notary Public, residing at Twin Falls Idaho
My commission expires April 21, 1975
(Seal)

Signed Annie M. McCabe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 4th Ave N. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1971

H K Wickham
Notary Public, residing at Twin Falls Idaho
My commission expires April 21, 1975
(Seal)

Signed Donna Steward
(Signature of Any Credible Person)

410 Jefferson Twin Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4/28/71 1 cc pd.

Family Bible record gives parents names as Robert Roy McCabe, Born May 29, 1892 and Annie Mildred McCabe, Born Sept. 18, 1892. Gives child's name as Mary Nadine McCabe born Sept. 26, 1919. Appears to be old. Viewed by V. S.

JUN 23 1971

Notification of Birth Registration from Idaho gives child's name as Tommy Ray Tompson, #372254/ Date of birth April 18, 1943 at Twin Falls, Idaho. Name of father: Milford Earl Thompson and mother's name as Mary Nadine McCabe. Viewed byVS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

215-127.042-215

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 72774

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Shinichi Roy Kanno

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	9 27 1919

FATHER		MOTHER	
FULL NAME	S. Kanno	FULL MAIDEN NAME	Tamayo Kanno
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Japan	BIRTHPLACE	Island of Oahu HAWAII ~~Japan~~
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

1 Photostat copy 3/14/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Phil Clucky

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1 1919

J. H. Wimpley

Registrar

MAR 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 72774

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Shinichi Roy Kanno (Birth ~~or Death~~)
for Unnamed on Original (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ knowledge, the
true facts are shown by Kimberly Grade School Record (Bible Record, Insurance Policy, Etc.) prepared on School Report Cards Attached (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Shinichi Roy Kanno
birth place of mother	Japan	Hawaii, Island of Oahu

Subscribed and sworn to before me this 9th
day of March, 1942
Roku Miyakawa
Notary Public, residing at 1445 W. 37th St. L.A.
My commission expires My Commission Expires July 1, 1944
(Seal) NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed Tamayo Kanno
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2169 W 29th St. L.A. Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of March, 1942
Roku Miyakawa
Notary Public, residing at 1445 W. 37th St. L.A.
My commission expires My Commission Expires July 1, 1944
(Seal) NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed Ida Kenigaki
(Signature of Any Credible Person Other Than Previous Year)
2171 - W. 29th St. L.A. Cal.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-128-042-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 72775

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD James Melvin Miracle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Levi H. Miracle	FULL MAIDEN NAME	Mary Elizabeth Bennett
RESIDENCE	8 miles west and 3 1/2 miles south of Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kentucky - U. S. A.	BIRTHPLACE	Kentucky - U. S. A.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Randall M. D.

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Buhl - Idaho

Filed ..... 19.....

J. H. Murphy
Registrar

Registrar

497-229.042-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 72776

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD NORDESSA DIXON

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 9 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A. H. Dixon	FULL MAIDEN NAME	Ethel Jenkins
RESIDENCE	Buhl Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Afton, Wyoming	BIRTHPLACE	Rock Creek, Ida
OCCUPATION	Manager of Mill.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed OCT 1 1919

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

n.

MAY 7 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 135-230-042-289

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 72777

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Mabel Florence Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	9 30 1919

FATHER		MOTHER	
FULL NAME	J. J. Alexander	FULL MAIDEN NAME	Mabel Byrne
RESIDENCE	Castleford Ida	RESIDENCE	Castleford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Shuc Clusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed OCT 1 1919 J. H. Murphy Registrar

JUN 16 1975

414-230-042-618

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72778

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital Buhl Gen

FULL NAME OF CHILD Elizabeth Clarisse Maurer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	9 - 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas M. Maurer	FULL MAIDEN NAME	Ruth Fay
RESIDENCE	Hendell	RESIDENCE	Hendell
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10-1 1919 J. W. Murphy
Registrar

RITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-231-005-55 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72779

County of Benewah

City of St Maries

No. Idaho ave. St.

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 73

Hospital

FULL NAME OF CHILD Gudrun Marie Sather

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			yes.	Aug 31 1919

FATHER		MOTHER	
FULL NAME	Olof M. Sather	FULL MAIDEN NAME	Josephine Nelson
RESIDENCE	St. Maries, Ida.	RESIDENCE	St. Maries,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M on the date above stated.

(Signature) J. Kinsolving Physician

(Physician or midwife)

Address St. Maries Ida.

Filed Oct. 17 1919 H. E. Hunt Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-12-41

[redacted]

MAR 6 1967

859-22-[illegible]-95

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72780

County of Bennewah

City of St Maries

No. 420 2nd St.

Hospital —

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 72

FULL NAME OF CHILD Esther Sofia Heikkinen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Aug. 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Heikkinen	FULL MAIDEN NAME	Anna Hietala
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Mich.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10-a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address St Maries Idaho

Filed Oct. 17 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED AUG 9 - 1971 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 72780

County of ..... Date Filed 8-5-71

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ester Sofia Heikkinen (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1919 (Date of Event)

in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage license Confirmation Certificate (Bible Record, Insurance Policy, Etc.) prepared on August 26, 1939 June 24, 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Ester	Esther

Subscribed and sworn to before me this 4 day of August, 1971

Marion L. Collins

Notary Public, residing at Oakland County, Michigan

My commission expires April 16, 1973

(Seal)

Signed Herman Heikkinen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14292 Robson, Detroit, Michigan

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.

County of Oakland

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of August, 1971

Marion L. Collins

Notary Public, residing at Oakland County Mich

My commission expires April 16, 1973

(Seal)

Signed Emma Lahti

(Signature of Any Credible Person)

18440 Stout

(Street Address, City, State)

Detroit, Michigan

FORM DH 60-155 CL 7/29/71 — 1ccpd. rec# 20110

48219

Certif. of Confirmation from Finnish Church in Aura, Mich. gives child's name as Esther Sophia Heikkinen born Aug. 22, 1919. Dated June 24, 1934. Signed by K. Ruotsalainen, Pastor. Viewed by V. S.

AUG 12 1971

Marriage License, Wayne County, Michigan gives groom's name as Milford D. Olson and the Bride's name as Esther S. Heikkinen. Dated Aug. 26, 1939. Signed by Paul A. Heidenian, Pastor. Viewed by V. S.

443-103-005-643

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72781

County of Benewah

City of Country

No. on St. Joe River St.

Hospital

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 71

FULL NAME OF CHILD Loyd Robert Ducommun

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stephen Ducommun	FULL MAIDEN NAME	Rose Fuchs.
RESIDENCE	St Maries, Benewah County	RESIDENCE	St Maries, Benewah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Stephen Ducommun
Father
(Physician or midwife)

Given names added from a supplemental report.

19

Address St. Maries, Idaho.

Filed Oct. 17 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1972

769-128·016-356

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 72782

Primary Registration District No. 2196 Registered No. 1362

FULL NAME OF CHILD Alanson La Velle Gorringe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edw Goringe	FULL MAIDEN NAME	Anna Altha Lewis
RESIDENCE	Oakley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Burley Ida

Registrar

Filed Oct. 12 1919 Wm. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 3 of 41

795-103-005-669

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

72783

County of Benewah

City of St Maries

No. 124 - 3rd St.

Hospital —

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 70

FULL NAME OF CHILD Andrew Ernest Gregg.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	July 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Grover Cleverland Gregg.	Erna C Warren
RESIDENCE	St. Maries Idaho	St. Maries Ido.
COLOR	white	white
AGE AT LAST BIRTHDAY	25 (Years)	20 (Years)
BIRTHPLACE	Washington	Minn.
OCCUPATION	Bookkeeper.	House wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this [redacted] who was Born Alive at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries Idaho

Filed Oct 17 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28L130-005-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72784

County of Benewah

City of St Maries

No. Country St.

Hospital

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 69

FULL NAME OF CHILD Richard Laverne Shoy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Shoy	FULL MAIDEN NAME	Lenore Sargent
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8.45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address St Maries Ida

Filed Oct. 17 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24659

494-129-005-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Moris

No. 426 2nd St.

Hospital —

Registration District No. 32 File No. 72785

Primary Registration District No. 2049 Registered No. 68

FULL NAME OF CHILD Carl Paul Druhagel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl A. Druhagel	FULL MAIDEN NAME	Lena Topani
RESIDENCE	St Moris	RESIDENCE	St. Moris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Laborer, Sawmill	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Moris Idaho

Filed Oct. 17 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443.216.005.163

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72786

County of Benewah

City of St Maries

Country St Joe

~~No.~~ valley St.

Hospital —

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 67

FULL NAME OF CHILD Marjorie Marie Ducommun DUCOMMUN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	April (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		OTHER	
FULL NAME	John D. Ducommun	FULL MAIDEN NAME	Jeanne Jeannie M Jocot
RESIDENCE	St. Maries. (Country)	RESIDENCE	St Maries. (Country)
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Born alive at 6:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries, Idaho.

Filed Oct. 17 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

585-201-005-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72787

County of Benewah

City of St Maries

Registration District No. 32 File No.

No. Main St.

Primary Registration District No. 2049 Registered No. 66

Hospital

FULL NAME OF CHILD Hideko Nyeno.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	April 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sozaburo Nyeno	FULL MAIDEN NAME	Tome Tokohoshi
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laundryman	OCCUPATION	House wife

Number of child of this mother, including present birth ~~5~~ 6. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Kinsolving
physician
(Physician or midwife)

Given names added from a supplemental report.

Address St Maries Idaho

19

Filed Oct 17 1919 H E [illegible]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-123-018-528

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted]AHO
BU[redacted]TATISTICS

CERTIFICATE OF BIRTH

72788

County of Clearwater

City of Fraser

No. ..... St.

Hospital .....

Registration District No. 90

File No. .....

Primary Registration District No. 2168

Registered No. 47

FULL NAME OF CHILD Chester M. Reed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 23 1919

FATHER		MOTHER	
FULL NAME	Stephen D. Reed	FULL MAIDEN NAME	Etta Eby
RESIDENCE	Fraser Ida	RESIDENCE	Fraser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Iowa	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Farley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

Filed Feb 23 1919 J. M. Farley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUN 15 9 04 AM '76
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Marion }

Certificate No. 72788

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Reed (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1919 (Date of Event)
in Fraser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Chester Myrtle Reed

Subscribed and sworn to before me this 26th day of May, 1976.

Notary Public, residing at Salem, Oregon
My commission expires 11-7-77
(Seal)

Signed David R. Reed Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

688 Oakdale Dallas Or
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1976.

Notary Public, residing at Salem, Oregon
My commission expires 11-7-77
(Seal)

Signed Myrtle Mae Kenagy (Sister)
(Signature of Any Credible Person)

856 Norman Ave N.E.
(Street Address, City, State)
Salem Or 97301

CL 8/14/75

FORM DH 60-155

Honorable Discharge from the U.S. Army gives name as Chester M, Reed. Service No. 39 317 913. dated Jan 31, 1946. viewed by V. S.

JUL 1 3 1976

School record form Gutherie School, Dallas, Oregon 97338 gives name as Chester Reed. age at time of record 9 years. date of school record Oct 25, 1928. viewecd by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-214-018-659 ADDED CHILD'S NAME 10-4-99 MS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72789

County of Kootenai

City of Ahsahka

Registration District No. 40 File No.

No. St.

Primary Registration District No. 7168 Registered No. 18

Hospital

FULL NAME OF CHILD JUANITA JOSEPHINE BLEVINS

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth Sept 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Stern R. Blevins	FULL MAIDEN NAME Fannie Birdie Weinman
RESIDENCE Ahsahka Ida	RESIDENCE Ahsahka, Ida
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 5-15 a M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician

(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 14 1919 J. M. Fairley Registrar

S-Y-CO 38071

9/22/99

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Nez Perce } ss.

Certificate No. 1919-72789
Date Filed SEPT. 14, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED BLEVINS (FEMALE) (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEPT. 14, 1919 (Date of Event)

in AHSAHKA, IDHAO (CLEARWATER) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED BLEVINS	JUANITA JOSEPHINE BLEVINS

Subscribed and sworn to before me this 27th day of Sept, '99.
Notary Public, Cathy Client
Residing at Lewiston
My commission expires 5-27-2000
(Seal)

Signature of Applicant Son
X2108 B. 7th ave Lewiston ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary —)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Partial payment $ ¢

CERTIFICATE OF BAPTISM FROM THE ROMAN CATHOLIC CHURCH SHOWS JUANITA (WANNITA) JOSEPHINE BLEVINS BORN SEPT. 5, 1919 WAS BAPTIZED AT THE ST. STANISLAUS CHURCH ON AUG. 17, 1924 VIEWED VS.

MARRIAGE CERTIFICATE STATE OF WASHINGTON SHOWS EARL M. STAMPER AND JUANITA J. BLEVINS WERE MARRIED NOV. 23, 1935 IN CLARSTON (ASOTIN) WA VIEWED VS.

253-206-018-114

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72790

Registration District No. 90 File No. .....

Primary Registration District No. 268 Registered No. 49

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Roland V. Bell	FULL MAIDEN NAME	Ellen James
RESIDENCE	Wrippe, Idaho	RESIDENCE	Wrippe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mc[illegible]

Physician (Physician or midwife)

Address Orofino, Ida

Filed Sept 16 1919 J. M. Fairly Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-115-018-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Tekoa

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 2168

File No. 72791

Registered No. 50

FULL NAME OF CHILD Charles Benjamin Candler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	7/15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Porter Gifford Candler	FULL MAIDEN NAME	Florence A Waite
RESIDENCE	Tekoa Idaho	RESIDENCE	Tekoa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	North Carolina	BIRTHPLACE	Washington
OCCUPATION	Farmer 5	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Horswell

Deefine Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 14 1919 J. M. Fairly
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CANDLER

dup of 1919-342455

295-117-018-396

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

Registration District No. 90

File No. 72792

Primary Registration District No. 2168

Registered No. 51

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	7/17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William R. King	FULL MAIDEN NAME	Millie Crowell
RESIDENCE	Ahsahka	RESIDENCE	Ahsahka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

(Signature) E. M. Horswell

Orofino Idaho
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 14 1919

J. M. Fairly
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-234-128-018-419

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72793

County of Clearwater

City of Fraser

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 2168

File No. .....

Registered No. 52

FULL NAME OF CHILD ARTHUR LEVERN STUART

Sex of Child: Boy	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7/28/19 (Month) (Day) 91 (Year)

FATHER		MOTHER	
FULL NAME	Homer C Stuart	FULL MAIDEN NAME	Esther Marshal
RESIDENCE	Fraser Ida	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Horswill

Orofino Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 14 1919 J M Fairly Registrar

S-Y-CO 38071

RECEIVED
JUL 11 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Klickitat }

Certificate No. 72793

Date Filed 6-17-55

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on 7/28/19 (Date of Event)
in Fraser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism and Marriage License 7/28/19 & 11/6/48 (Bible Record, Insurance Policy, Etc.) prepared on July 5, 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Arthur Levern Stuart

Subscribed and sworn to before me this 17 day of June, 1955

Notary Public, residing at White Salmon, Wash
My commission expires Justice of the Peace
(Seal)

Signed X Esther L Bell (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

White Salmon, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of MULTNOMAH }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

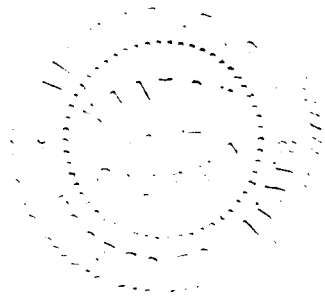
Subscribed and sworn to before me this 5th day of July, 1955

Notary Public, residing at Portland, Oregon
My commission expires May 12, 1957
(Seal)

Signed Ella Brandt
(Signature of Any Credible Person)

1160 S.W. 35 Terr.
Portland 19, Oregon
(Street Address, City, State)

APR 29 1955



286-230 018-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72794

County of Clearwater

City of Cavendish

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2,68

Registered No. 53

Hospital

FULL NAME OF CHILD Grace Mabel Shoemaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	7/30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carter L. P. Shoemake	FULL MAIDEN NAME	Nettie Reese
RESIDENCE	Cavendish	RESIDENCE	Cavendish
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eula N Horswell

Orofino Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 14 1919 J M Fairly
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 4 1947

144-210-018-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72795

County of Clearwater

City of Fraser

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 54

Hospital

FULL NAME OF CHILD Dorothy Marie Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	8/10 1919

FATHER		MOTHER	
FULL NAME	Lawrence R. Judd.	FULL MAIDEN NAME	Laura B. Reed.
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horsewell

Dwyfine Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Oct 14 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-121-018-353

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72796

County of Clearwater

City of Cavandish

Registration District No. 42 File No.

No. St.

Primary Registration District No. 7168 Registered No. 55

Hospital

FULL NAME OF CHILD Melvin Paul Moretz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan A. Moretz	FULL MAIDEN NAME	Marie Lattenmeier
RESIDENCE	Cavandish Ida	RESIDENCE	Cavandish Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle Horswell

Orofino Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 14 1919 J M Gaines Registrar

S-Y-CO 38071

APR 2 1 1982

249-120-018-281

Amended 4-28-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72797
Local Reg. No. 56
Reg. Dist. No. 90

1. PLACE OF BIRTH
a. COUNTY: Clearwater
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Orofino
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lenore
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Clifford
b. (Middle): Erwin
c. (Last): Smith

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept. 20, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): C.
b. (Middle): A.
c. (Last): Smith

8. AGE (At time of this birth): 29 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Iowa
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maude
b. (Middle):
c. (Last): Shaffer

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Missouri
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Erle W. Horswill
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Orofino, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 14, 1919
22. REGISTRAR'S SIGNATURE: J.M. Fairly
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ON OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 72797
County of Asotin } Date Filed JAN 6 - 1965

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clifford Erwin Smith (Name on Original Certificate) who Born (Was Born or Died) on 9-20-1919 (Date of Event)
in Orofino Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clifford Erwin Smith
Sex of Child	Girl	Male

Subscribed and sworn to before me this 2 day of Aug 1943
A N Rognstad
Notary Public, residing at Clarkston Wash
My commission expires 2-20-1944
(Seal)

Signed x Maude A Pyle
(Signature of parent or attendant if correcting ~~mother~~ cord; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ethel Missouri
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1965
Samuel Swayne
Notary Public, residing at Orofino Ida
My commission expires Nov 17, 1966
(Seal)

Signed Lafe Bacus
(Signature of Any Credible Person Other Than Previous Year)
Box 1315
Orofino, Ida
(Street Address, City, State)

1 Copy paid
Hc # 44-04530 - 50¢
Hc. # 65-12767. - 50¢

Own Child's Birth Cert. on file: (Idaho Birth) #54=15011 gives full name of father as Clifford Erwin Smith - viewed by V.S.

Selective Service Registration Certificate, Oct. 16, 1940 gives full name as Clifford Erwin Smith - viewed by V.S.

Veterans Administration, National Service Life Insurance Certificate, dated May 25, 1944, cert. no. N 16 623 674, FN 16 623 674, gives full name as Clifford Erwin Smith - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90

Primary Registration District No. 2168

File No. 72797

Registered No. 56

FULL NAME OF CHILD .....

Sept. 20, 1919

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	Sept 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. A. Smith	FULL MAIDEN NAME	Maud Shaffer
RESIDENCE	Lenore Ida.	RESIDENCE	Lenore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl N Horswell

Orofino Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 14 1919 J M Fauly Registrar

S-Y-CO 38071

APR 28 1965

236-114031-639

[redacted]E OF BIRTH
[redacted]uis
[redacted]ubens

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72803

City of Reubens

Registration District No. 48

File No. 1

No. ..... St.

Primary Registration District No. 2127

Registered No. 7

Hospital .....

FULL NAME OF CHILD James Howard Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Scott	FULL MAIDEN NAME	Daisy Oliver
RESIDENCE	Reubens Idaho	RESIDENCE	Reubens Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Goignard
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Reubens Idaho

Filed Oct 10th 1919 J. E. McLaughlin
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1943

JUN 2 4 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of New Reubens

No. 793 107 035-666 St.

Registration District No. 48 File No. 172804

Primary Registration District No. 2127 Registered No. 8

Hospital

FULL NAME OF CHILD Leo Roy Pitts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Pitts	FULL MAIDEN NAME	Edna Woods
RESIDENCE	Reubens Idaho	RESIDENCE	Reubens Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Reubens Idaho

Filed Oct 10th 1919 J. E. McLaughlin
Registrar

S-Y CO. 20174

[redacted]

396 #14035-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72805

County of Nez Perce

City of Near Reubens

Registration District No. 48 File No. 1

No. St.

Primary Registration District No. 2127 Registered No. 9

Hospital

FULL NAME OF CHILD James Wm. Crow, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Wm. Crow	FULL MAIDEN NAME	Cordelia Mallon
RESIDENCE	Reubens Idaho	RESIDENCE	Reubens Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Reubens Idaho

Filed Oct 10th 1919 J. E. W. Laughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-14-1941. dp

296-121
031-456

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 48 File No. 72806

Primary Registration District No. 2127 Registered No. 10

FULL NAME OF CHILD RONALD EVAN BROOKS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Brooks	FULL MAIDEN NAME	Lilly Deffenbaugh
RESIDENCE	Reubens Idaho	RESIDENCE	Reubens Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nettie Wood

acting Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Reubens Idaho

Filed Oct. 10 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No 72806

Date Filed MAR 30 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UNNAMED SON (Name on Original Certificate) who BORN (Was Born or Died) on JUNE 21 - 1919 (Date of Event)
in REUBENS, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by INSURANCE POLICY (Bible Record, Insurance Policy, Etc.) prepared on AUGUST 22 - 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ronald Evan Brooks

Subscribed and sworn to before me this 27
day of March, 1942.
James H Bryan
Notary Public, residing at Los Angeles, California
My commission expires Dec 13, 1943
(Seal)

Signed George Vernon Brooks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
401 - E. Cornell Drive. Burbank, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of March, 1942.
James H Bryan
Notary Public, residing at Los Angeles, Calif.
My commission expires Dec. 13, 1943
(Seal)

Signed Mary D Brooks.
(Signature of Any Credible Person Other Than Previous Year)
Grandmother
3795 - So Hobart Blvd. Los Angeles, Calif.
(Street Address, City, State)

MAR 2 1 1942

665-130-035-459

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72807

County of Nez Perce

City of Culdesac

Registration District No. 48 File No. 1

No. ..... St.

Primary Registration District No. 2127 Registered No. 11

Hospital .....

FULL NAME OF CHILD Walter Edward Fonburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Fonburg	FULL MAIDEN NAME	Perle Meier
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Harnessmaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Reubens Idaho.

Filed Oct. 10th 1919 J. E. McLaughlin Registrar

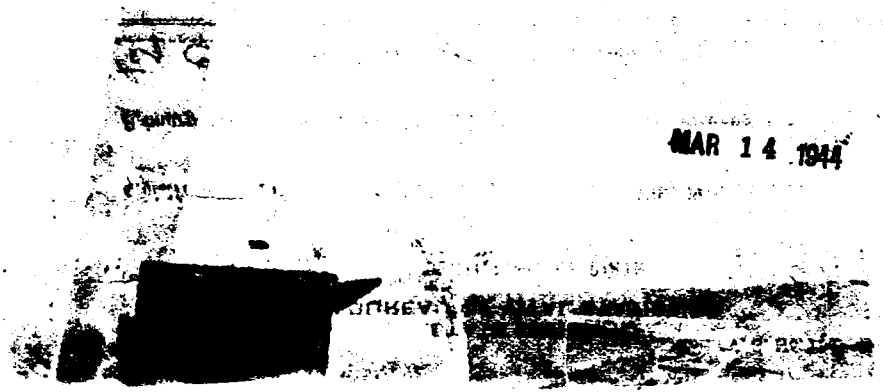
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


MAR 14 1944

293-105-035-238

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72808

County of Nez Perce

City of Culdesac

Registration District No. 48 File No. 1

No. ..... St.

Primary Registration District No. 2127 Registered No. 12

Hospital .....

FULL NAME OF CHILD Loran Woodworth Kitch Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Loran Woodworth Kitch	FULL MAIDEN NAME	Antoinette Elizabeth Schott
RESIDENCE	Culdesac Ida.	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Agricultural Student	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Culdesac Idaho

Filed Oct 10 1919 J. E. McLaughlin Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 [illegible]

JUL - 3 1956

249-230-235-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

amend 12-23-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72809

County of Ney Perce

City of Near Culdesac

No. ..... St.

Hospital .....

Registration District No. 48 File No. 1

Primary Registration District No. 2127 Registered No. 13

FULL NAME OF CHILD Bonnie May Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	7 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William T. Smith	FULL MAIDEN NAME	Nora C Coffland
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Culdesac Idaho

Filed Oct 10th 1919 J. Emil Laughlin Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 23 8 59 AM '81

State of ARIZONA
County of YAVAPAI } ss.

Certificate No. 72809
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 30, 1919 (Date of Event)

in Culdesac (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Bonnie May Smith

Subscribed and sworn to before me this 15th day of Dec, 1981.

Notary Public, Phyllis A. Tavasci
Residing at Cottonwood
My commission expires My Commission Expires Aug. 23, 1984
(Seal)

x Bonnie Wandalske
Signature of Applicant

Valley Vista Stardust Dr. Rimrock, Az.
(PO Box 114)
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of IDAHO
County of NEZ PERCE } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6TH day of

Pasco High School Diploma gives Bonnie May Smith completed Course of Study and graduated on 6-1-39 from High School. Viewed by V.S.

Cert of Marriage gives Ernest Joseph Mireli and Bonnie May Smith were married on 11-12-39 in County of Sacramento, State of California. Viewed by V.S.

JAN 19 1982

SEP 05 2001

945-129.035-414

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72810

County of Key Pierce

City of near Gifford

Registration District No. 48 File No. 1

No. ..... St.

Primary Registration District No. 2127 Registered No. 14

Hospital .....

FULL NAME OF CHILD Adolph Munsterman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Munsterman	Emma Dammon
RESIDENCE	Gifford Idaho	Gifford Idaho.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	White / 30
BIRTHPLACE	Germany	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Justine Timme Cert. Nurse

acting Midwife (Physician or midwife)

Address Gifford Idaho

Filed Oct 10 1919 Jean McLaughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

759-220-035-354

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72811

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 48 File No. 1

Primary Registration District No. 2127 Registered No. 15

FULL NAME OF CHILD Majorie Louise Persons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 20 (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	Edward F. Persons	FULL MAIDEN NAME	Berthenia Tedford
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Missouri
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Address Culdesac Idaho.

Given names added from a supplemental report

..... 19.....

Filed Oct 10th 1919 J. E. McLaughlin Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-127.031-631

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Lewis

City of Winchester

CERTIFICATE OF BIRTH 72812

Registration District No. 48 File No. 1

No. ____ St.

Primary Registration District No. 2127 Registered No. 1

Hospital

Full Name of Child Lawrence Hill

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				Yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Kenneth Randall Hill	FULL MAIDEN NAME	Lulu Myrtle Flatt
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Conn Langhlin

Physician

(Physician or midwife)

Address Winchester

Filed Oct 10 1919 J. Conn Langhlin Registrar

Given names added from a supplemental report

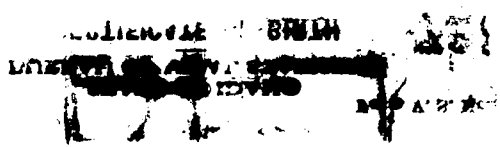
..... 19....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING



366-116-012-434

Form V. S. No. 11-C—25m-9-8-17

STATE [illegible]
BUREAU OF [illegible]ICS

CERTIFICATE OF BIRTH

72813

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital Butte

Registration District No. 59

Primary Registration District No. 219

File No. .....

Registered No. .....

FULL NAME OF CHILD not named! Cowgill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry H. Cowgill	FULL MAIDEN NAME	Mable C. McMillan
RESIDENCE	Howe Idaho	RESIDENCE	Howe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Webster Co. Iowa	BIRTHPLACE	Independence Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Patterson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco Idaho

Premature - died late

Registrar

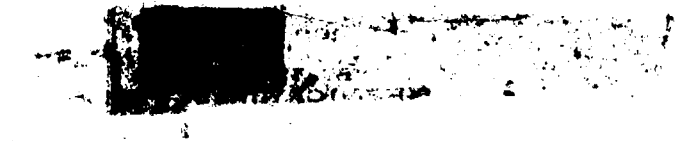
Filed July 16 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-229-012-693

PLACE OF BIRTH name added 11-22-82

Form V. S. No. 11—2m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Sweet Sage Registration District No. 59 File No. 72814

No. ____ St. Primary Registration District No. 2129 Registered No. ____

Hospital ____

FULL NAME OF CHILD Beulah Luvrie Bain

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | Legitimate? Yes | Date of Birth: 7 (Month) 29 (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Oliver Benj. Bain	FULL MAIDEN NAME: Elsie Wilhite
RESIDENCE: Sweet Sage Idaho	RESIDENCE: Sweet Sage, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Indiana
OCCUPATION: Farming	OCCUPATION: House wife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 p. m. on the date above stated.

(Signature) E W Fox

Physician (Physician or midwife)

Address Ares, Idaho

Filed 7-29 1919 E W Fox Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

AUG 26 7 58 AM '82

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72814

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bain (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1919 (Date of Event)

in Butte Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	~~Beulah Luvrie Bain~~
		Beulah Luvrie Bain

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed X Elsie W. Bain

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MONTANA } ss.
County of FERGUS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of MARCH, 1978

Notary Public, residing at LEWISTOWN, MT

My commission expires 01/03/80

(Seal)

Signed Kathy A. Flaherty

(Signature of Any Credible Person)

824 W WATER

(Street Address, City, State)

LEWISTOWN MT

FORM DH 60-155

Correction corresp. 2-13-78 1 copy pd (B) fc

1 copd. = 2

Family Bible gives Beulah Luvrie Bain born 7-29-19 to Oliver B Bain and Elsie May Bain. Obviously old record, Viewed by V.S.

NOV 23 1982

Employment Data record gives Beulah Luvrie Derr (maiden name Bain) as employee born 7-29-19 in Idaho as Clerk with VA Hospital in Sheridan Wyoming. Certification of this position is 6-14-71. Viewed by V.S.

493-223-012-168

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72815

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. .....

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD Betty Miller

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 7 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Verna Miller	FULL MAIDEN NAME	Lola Johnson
RESIDENCE	Arco, Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Hyrum, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Arco, Idaho

Filed 7 23 1919 E W Fox Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

REC NOV 6 1968

State of ..... } ss.
County of ..... }

Certificate No. 72815

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Miller (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1919 (Date of Event)
in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Miller	Betty Miller

Subscribed and sworn to before me this 4th day of November, 1968

Signed Verna J. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mesa, Arizona

My commission expires 11-17-70

(Seal) Virginia Bergquist Notary Public

Address Smyrna, Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 1968

Signed Verna J. Miller
(Signature of Any Credible Person)

Notary Public, residing at Mesa, Arizona

My commission expires 11-17-70

(Seal) Virginia Bergquist Notary Public

Address Smyrna, Utah (Street Address, City, State)

FORM DH 60-155 Copy pd Rec 2543 L 10-17-68 LB

Certificate of Membership (State of Nevada, Public School Teachers Retirement Salary Fund Board) dated Sept 1, 1942 at Carson City, Nevada, Cert. #1480, gives name as Miss Betty Miller. viewed by V.S.

Deed of Reconveyance, Book 367 page 239, Napa County Title Company June 21, 1951 gives name as Betty Miller Reed wife of Max Peterson Reed. viewed by V.S.

NOV 18 1968

643223-012-354

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72816

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. .....

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Vivien LaClede Fulton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2nd	yes	7 (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Friend Fulton	FULL MAIDEN NAME	Ora Francis Lemmon
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	California	BIRTHPLACE	Monroe, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Arco Idaho

Filed 7 23 1919 E. W. Fox Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1966

643-123-012-354

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. 72817

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD Carlyle Dee Fulton

Sex of Child Male

Twin Triplet or other? Twin and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 7 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Friend Fulton	FULL MAIDEN NAME	Ora Francis Lemmon
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	California	BIRTHPLACE	Monroe Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 a M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Arco, Idaho

Filed 7 23 1919

E W [illegible] Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 L. B.

MAY 9 1966

235-206-012-235

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. 72818

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD Anita Edgara Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	8 6 1919

FATHER		MOTHER	
FULL NAME	Ralph Edw. Stephens	FULL MAIDEN NAME	Lula Stearns
RESIDENCE	Arco Idaho	RESIDENCE	Arco - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Dayton, Tenn	BIRTHPLACE	Salsom Springs, Ark
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

(Signature) E W Fx

Physician (Physician or midwife)

Address Arco Idaho

Filed 8 6 1919 E W Fx Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1944

659-D2-012-693

PLACE OF BIRTH

County of Butte

City of Arco

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 72812

Primary Registration District No. 2/29

Registered No. ____

FULL NAME OF CHILD Grover Leslie Ferris

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 2 1919

FATHER	MOTHER
FULL NAME Arthur Leslie Ferris	FULL MAIDEN NAME Mabel Williams
RESIDENCE Arco, Idaho	RESIDENCE Arco, Idaho
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Blackfoot, Idaho	BIRTHPLACE Arco, Idaho
OCCUPATION Farmer	OCCUPATION At Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

(Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 2 1919 E W Fox Registrar

5-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/41 L. B.

APR 17 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-102-012-168

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72820

County of Butte

City of Moore

No. ____ St.

Hospital ____

Registration District No. 59

Primary Registration District No. 2129

File No. ____

Registered No. ____

FULL NAME OF CHILD Ralph Bernell Bayack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 2 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel D. Bayack	Anna E. Johnson
RESIDENCE	Moore Idaho	Moore Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Spanish Fork Utah	Spanish Fork Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Emerson

Physician

(Physician or midwife)

Address Moore Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Aug 2 1917

Registrar

S-Y-CO. 36071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 6 9 26 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72820

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Boyock (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 2, 1919 (Date of Event)
in Moore, Idaho (Butte) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ralph Bernell Boyock

Subscribed and sworn to before me this 3 day of June, 19 77

C. D. Jones
Notary Public, residing at Moore
My commission expires Life
(Seal)

Signed Anna Boyack Bowden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of June, 19 77

C. D. Jones
Notary Public, residing at Moore
My commission expires Life
(Seal)

Signed Dorothy Boyack
(Signature of Any Credible Person)

Route #1 Grand Teton 83213
(Street Address, City, State)

FORM DH 60. 155

CL 5/27/77

Certif of Blessing from the LDS Church gives name as Ralph Bernell Boyack son of David D. Boyack, Jr. and Anna E. Johnson. Born Aug 2, 1919 at Moore, Ida ho Blessed Oct 5, 1919. viewed by V. S.

JUN 24 1977

Certif of Baptsim and Confirmation from the LDS Church gives name as Ralph Bernell Boyack son of David D. Jr. and Annie E. Johnson. Born Aug 2, 1919 in Moore, Idaho. Baptized Aug 4, 1928. viewed by V. S.

915-101-012-466

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

72821

Registration District No. 59

File No. _____

Primary Registration District No. 2129

Registered No. _____

FULL NAME OF CHILD Ravenor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7 1 19

	FATHER	MOTHER
FULL NAME	Harry D. Ravenor	Ruth H. Moore
RESIDENCE	Arco Idaho	Arco Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	18
BIRTHPLACE	Salt Lake City Utah	Moore, Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

(Signature) C. W. Fox

Physician (Physician or midwife)

Address Arco Idaho

Filed 7/1/1919 C. W. Fox Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-128035-791

Amended 7-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72822
Local Reg. No. 334
Reg. Dist. No. 96

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: White's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Robert

b. (Middle): Earl

c. (Last): Powers

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 9 - 28 - 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Clifford

b. (Middle):

c. (Last): Powers

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Salesman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Laura

b. (Middle):

c. (Last): Gragg

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Edgar L. White, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-12-1919

22. REGISTRAR'S SIGNATURE: Susan E. Bruce

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 27 1966
Bureau of Vital Statistics

State of Washington }
County of Spokane } ss.

Certificate No. 72822

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Powers (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Robert Powers	Robert Earl Powers
Full Name of Father	Clifford Powers	Clifford Willford Powers
Full Maiden Name of Mother	Laura Gragg	Lura Mae Gregg

Subscribed and sworn to before me this 9 day of June, 19 66.

Florence M. Kirkpatrick
Notary Public, residing at Spokane, Wash.
My commission expires July 6, 1968
(Seal)

Signed Dorothy Jeanne Goodell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister
7521-N. Howard - Spokane, Wash.,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of June, 19 66.

MYRTLE M. BALL
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN SAN DIEGO COUNTY
My Commission Expires June 4, 1969

Myrtle M. Ball
Notary Public, residing at San Diego
My commission expires June 4, 1969
(Seal)

Signed Ruth C. Powers
(Signature of Any Credible Person)
706 F St. Apt. A4-W.
Chula Vista, Calif. 92010.
(Street Address, City, State)

MYRTLE M. BALL
My Commission Expires June 4, 1969

FORM DH 607 155 (Rev.)

CL 6-1-66. one copy pd. rec. #8538.

Photo Copy of Cradle Roll Certificate, Lewiston, Idaho Christian Bible School, entered January 9, 1921 gives full name as Robert Earl Powers, born Sept. 28, 1919- E.M. Flinn, Pastor - viewed by V.S.

Social Security Card, #519-03-7923 gives full name as Robert Earl Powers - viewed by V.S.

Transferr from Active Duty to Fleet Reserve, U.S. Navy, dated Oct. 1, 1959 gives full name as Robert Earl Powers - viewed by V.S.

As requested in letter received by this office on July 7, 1966 the parents names are being left as they are -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

[redacted]m V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72822

County of Nez Perce.

City of Lewiston.

No. 1504 Main. St.

Hospital White's.

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 334

FULL NAME OF CHILD ~~XXXRobertXXXXXXXXXPowers.~~ Robert Powers.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	9 (Month) 28 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clifford Powers	FULL MAIDEN NAME	Laura Gragg.
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Illinois.
OCCUPATION	Salesman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White MD
By R. E. Pauley Sec.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed 10-12 1919 Susan E Burns
Registrar

S-Y-CO 38071

MAR 9 1966
JUL 14 1966

569.10 [redacted]

PLACE OF BIRTH

STATE OF IDAHO [redacted]
BUREAU OF VITAL STATIST[redacted]
CERTIFICATE OF BIRTH

[redacted]1-O—25m-9-8-17

72823

County of Canyon

City of Greenleaf

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 200

FULL NAME OF CHILD Virgil Hoff Nordyke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Nordyke	FULL MAIDEN NAME	Francis Hoff
RESIDENCE	Greenleaf, Ida	RESIDENCE	Greenleaf Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	New Sharon, Iowa	BIRTHPLACE	Dallas Center, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young

per V. M.T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-4-1919 John S. Meyes

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-103-014-353

Form V. S. No. 13-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72824

Registration District No. 3 File No. .....

Primary Registration District No. 7005 Registered No. 199

FULL NAME OF CHILD Burdette Eugene Tallmadge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 3 1917

FATHER	MOTHER
FULL NAME Guy H Tallmadge	FULL MAIDEN NAME Violet Nilson Clark
RESIDENCE Middleton Ida	RESIDENCE Middleton Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE N. Platt Nebr	BIRTHPLACE Reynolds Creek Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young

per V. M. I (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-11-1917

John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

296-203-014-257

County of Canyon

City of Greenleaf

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72825

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 198

FULL NAME OF CHILD VIRGINIA ADELL BROWN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Oct (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clayton Brown	FULL MAIDEN NAME	Louella Beal
RESIDENCE	Greenleaf, Ida	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Platt, S Dakota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young per V M T

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 10-4-1919 John S. Meyer Registrar

SEP 1 0 1942

195-130-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72826

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 1005

Registered No. 197

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kent Arnett	FULL MAIDEN NAME	Minnie Roberson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Batesville, Iowa	BIRTHPLACE	Bethelham, Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young

per V. M. T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 10-4-1919

John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-124'014-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72827

County of Canyon

City of Caldwell

No. 3rd & Hannibal St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 1005

Registered No. 196

FULL NAME OF CHILD

Sex of Child: Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Sept (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Stang	FULL MAIDEN NAME	Bessie Mary Elizabeth Allen
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.

V.M.T.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 9-25-1919

John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-120-014-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72828

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 195

FULL NAME OF CHILD Robert Orr Freeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis G. Freeman	FULL MAIDEN NAME	Buena Orr
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-21-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3/10/41 L. B.

MAR 20 1945

DECEASED

643-220-014-366

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rural 1 St.

Hospital Hawl

Registration District No. 3 — File No. 72829

Primary Registration District No. 2005 — Registered No. 194

FULL NAME OF CHILD Mabel Annette Fuller

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Sept. 20 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Gilbert H. Fuller	FULL MAIDEN NAME	Cora E. Cook
RESIDENCE	Caldwell - Idaho	RESIDENCE	Caldwell - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	39
		BIRTHPLACE	Idaho
		OCCUPATION	H. Wife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.15 P. M. on the date above stated.

(Signature) John L. Meyer M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 9-21-1919 — John L. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1956

664-119.014-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 72830

Registered No. 193

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		2	Yes	Sept 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wesley Womer	FULL MAIDEN NAME	Ella Neeley
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-21- 1919 John P. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

664-119-014-555

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72831

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 192

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		1	Yes	Sept 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wesley Homer	FULL MAIDEN NAME	Ella Neeley
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley

Caldwell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 9-21-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-217-014-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 72832

Registered No. 191

FULL NAME OF CHILD Maxine Roberta Connell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Connell	Alice Bergen
RESIDENCE	Caldwell Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Albia Oregon	Cabot Texas
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 11:00 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. J. A. Young

Caldwell Idaho
(Physician or midwife)

..... 19.....

Address .....

..... Registrar

Filed 9-19-1919

John L. Meyers
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1959

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

I-18-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 2 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 72832

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Connell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1919 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Maxine Roberta Connell

Subscribed and sworn to before me this 14th day of February, 19 67.

Notary Public residing at Boise, Idaho
My commission expires June 10, 1970
(Seal)

X Signed Bernice A. Tisdale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Social Security Card gives name as Maxine Roberta Connell Magden, # 518 10 1468
Card issued 1941
Viewed by V. S.

MAR 2 1967

High School Diploma issued by Homedale High School in May 19, 1937. A. L. Parkins, Supt. Gives name as Maxine Roberta Connell
Viewed by V. S.

239-117-001-553

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72833

County of Ada

City of Eagle R1

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 190

FULL NAME OF CHILD Dallas Nelson Stradley

Sex of Child Boy

Twin Triplet or other? X and Number in order of birth 2
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sam E Stradley	FULL MAIDEN NAME	Gertrude Nelson
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Greenwood Neb	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young

Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-19- 1919

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-217-001-553

PLACE OF BIRTH

Form V. S. No. 11-6-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72834

County of Ada

City of Eagle R1

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 189

FULL NAME OF CHILD Doris Mable Stradley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		1	Yes	Sept 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam C. Stradley	FULL MAIDEN NAME	Gertrude Nelson
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Greenleaf Neb	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. A. Young

Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-19-1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-217-214-244

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72835

County of Canyon

City of Caldwell Registration District No. 3 File No.

No. St. Primary Registration District No. 2005 Registered No. 188

Hospital

FULL NAME OF CHILD Vera Pearl Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd Allen	FULL MAIDEN NAME	Pearl Budden
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kelley

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report.

Address

Filed 9-19-1919 John S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-2825

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No.....
)ss
County of Ada) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for "baby" (Name on original certificate) who was born (was born or died) on Sept 17, 1919 (Date of event) in Caldwell Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Bible record (Bible record, insurance plcy.etc.) prepared on Sept 17 1919 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
"baby"	"Baby"	Vera Pearl Allen

Subscribed and sworn to before me this 8 day of Sept 1941.

L. M. Greene
Notary Public
Residing at Boise Idaho

My commission expires Dec 15, 1943

Signed Mrs. Floyd Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell Idaho R#D 3
(Street address, City, State)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Ada)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Sept 1941.

L. M. Greene
Notary Public
Residing at Boise Idaho

My commission expires Dec 15, 1943
(SEAL)

Signed Floyd Allen
(Signature of any credible person other than the previous affiant.)

Caldwell Idaho R#D 3
(Street address, City, State)

415-117-014-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72836

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 1005

Registered No. 181

Hospital Caldwell General

FULL NAME OF CHILD Donald Dean Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas Davis	FULL MAIDEN NAME	Della Kelley
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F M Cole

Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-19-1919

John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-26-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 15 1 32 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72836

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on Sept/ 17, 1919 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Donald Dean Davis

Subscribed and sworn to before me this 8th day of July, 19 74

Notary Public, residing at Paterson N.J.

My commission expires NOTARY PUBLIC OF NEW JERSEY (Seal)
mmis res February 2, 19 7

Signed Henry Frank
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

900 Fair Mont Ave Eliz N.J.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Jersey } ss.
County of Passaic }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 19 74

Notary Public, residing at .....

My commission expires NOTARY PUBLIC OF NEW JERSEY (Seal)
mmis res February 2, 1977

Signed Robert B Kelly
(Signature of Any Credible Person)

900 FAIRMOUNT AVE ELIZ. N.J.
(Street Address, City, State)

FORM DH 60-155

Office of the Superintendent of Jackson County Intermediate Education Dist. Medford, Oregon gives name of child as Donald Dean Davis age 12. School Censu. was taken as of the 25th day of October 1931. Walter A. Commons, Supt. of Education, Jackson County, Oregon.
Viewed by V.S.

JUL 16 1974

Letter from Hayward Manufacturing Co., Inc. of Elizabeth, New Jersey gives name as Donald Dean Davis. signed by Marshall S. Silverman, Personnel Manager.
Viewed by V. S.

215-115-014-615

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 72837

Primary Registration District No. 1005 Registered No. 186

FULL NAME OF CHILD STEPHEN WAYTE Sandmeyer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	1	Yes	9 (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matthew S. ~~Stephen~~ S. Sandmeyer	FULL MAIDEN NAME	~~Bertha B. Wayte~~
RESIDENCE	Caldwell	RESIDENCE	Bertha B Wayte
COLOR	W	COLOR	W Caldwell
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Yakima Wash	BIRTHPLACE	Mt Home Ida
OCCUPATION	Supt. Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 9-22-1919 John J. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1966

955-213-0 19-285

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Mrs. Mynatt's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 3 File No. 72838

Primary Registration District No. 2005 Registered No. 185

FULL NAME OF CHILD Betty Jane Rees

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	S	1	Yes	9/13/19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur J Rees	Bessie Lyonhouse
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Oklahoma	Kansas City
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. W. Graf

Caldwell Ida.
(Physician or midwife)

Address .....

..... 19.....
Registrar

Filed 9-22-1919 John L. Meyers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1960

city of birth, mother's name and father's name amended 7/29/97tlc

PLACE OF BIRTH 236-112-914-54

County of Canyon

City of Huston Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

m V. S. No. 11-C—25m-8-8-17

Registration District No. 3 File No. 72839

Primary Registration District No. 2003 Registered No. 184

FULL NAME OF CHILD Raymond Douglas Scott

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Sept 12 1919

FATHER	MOTHER
FULL NAME Chas. Floyd Scott	FULL MAIDEN NAME Letha Ann Andrus
RESIDENCE Caldwell Idaho	RESIDENCE Caldwell Idaho
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ill.	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
OCCUPATION Farmer	BIRTHPLACE Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at 12:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 9-19- 1919 John L. Meyers Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DECEASED

7/23/97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1919-72839
Date Filed SEPT. 19, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for RAYMOND DOUGLAS SCOTT (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEPT. 12, 1919 (Date of Event)

in CALDWELL, IDAHO (CANYON CO.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CITY OF BIRTH	CALDWELL	HUSTON
FATHER'S NAME	CHAS. S. SCOTT	CHAS. FLOYD SCOTT
MOTHER'S NAME	LETHA ANDREWS	LETHA ANN ANDRUS

Subscribed and sworn to before me this 29 day of July, 1997

Notary Public, Teresa L. Cleverly x Aimee Williams
Signature of Applicant

Residing at Boise, Idaho x Willa E. Shepherd St Meridian ID
Street Address, City, State

My commission expires April 5, 2003

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____

_____
Supporting Signature

_____
Street Address, City, State

(Seal)

DUPLICATE BIRTH CERTIFICATE SHOWS RAYMOND DUGLAS SCOTT BORN SEPT. 12, 1919 IN HUSTON (CANYON) IDAHO TO CHARLES FLOYD SCOTT AND LETHA ANN ANDRUS. VIEWED VS

CANYON COUNTY MARRIAGE APPLICATIONS PAT 53 SHOWS PAGE #53 #1157 DATE OF APPLICATION 12/26/18 IN CALDWELL (CANYON) IDAHO GROOM CHARLES F. SCOTT AND LETHA ANDRUS. VIEWED VS.

72839

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

State File No. 72839
Local Reg. No. 359
Reg. Dist. No. 361

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 24 1941

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Houston
   (c) Street Address of R.F.D. No. R # 2
   (d) Name of ~~Hospital or Maternity Home~~: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Houston
   (d) Street Address or R.F.D. No. R # 2
   (e) How long has MOTHER lived in Idaho? 16 yrs.
   (f) Mother's mailing address (for registration notice):
   ..... (Street or R. F. D.) ..... (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Raymond Douglas Scott

5. Date of Birth (Month, day, year) Sept 12 1919

6. Sex Male

7. Twin or Triplet —

8. If so—born 1st, 2nd, 3rd 1

9. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Floyd Scott

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Assumption Ill. (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Letha Ann Andrus

17. Color or Race White

18. Age at time of THIS birth 16 yrs.

19. Birthplace Thatcher Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ✓ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 12:09 P. M. on the date and at the place stated above, and that personal particulars were furnished by Letha (First name) Scott (Last name), who is related to this child as Mother (Mother, etc.)

MAY 14 1956

NOV 25 1956

26. (a) 12-23-41 (Date received) (b) ..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)

27. Given name added on ..... by ..... (Registrar's Signature)

and address Caldwell Date 12/23/41

Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

433-112-014-249

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form C—25m-9-8-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72840

Registration District No. 3

File No. .....

Primary Registration District No. 1005

Registered No. 183

FULL NAME OF CHILD LAWRENCE McCLURE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward McClure	FULL MAIDEN NAME	Maude Marguerite Smith
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Custard S.D.	BIRTHPLACE	Umatilla Ore.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. A. Young

Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-19- 1919 John S. Meyer
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV 5 1941
County of Canyon }

Certificate No. 72840
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed (Name on original certificate) who was born (Was born or died) on Sept. 12, 1918 (Date of event)
in Notus, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McClure	Lawrence McClure

Subscribed and sworn to before me this 29th day of October, 19 41.
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
[SEAL]

Signed Edward J. McClure
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Salem, Oregon RFD #4-Box 467
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of October, 19 41.
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
[SEAL]

Signed X Mark McClure
(Signature of any credible person other than the previous affiant.)
Caldwell, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-18

PLACE OF BIRTH

45K 110-014-689

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72841

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 182

FULL NAME OF CHILD MERRILL LYLE DEAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George L. Dean	FULL MAIDEN NAME	Grace White
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dora A. Weymouth D.O.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 9-14- 1919 John S. Meyer Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 72841
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death)

for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event)

in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Merrill Kyle Dean

Subscribed and sworn to before me this 11th day of December, 1941

Notary Public, residing at Star, Idaho

My commission expires Apr 4, 1942

[SEAL]

Signed Geo Dean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 1941

Notary Public, residing at Star, Ida.

My commission expires Apr 4, 1942

[SEAL]

Signed Roger Dean
(Signature of any credible person other than the previous affiant.)

Parma Idaho
(Street Address, City, State)

Received for filing on _____ By _____ (Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

349-21B-014-212

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72842

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 181

FULL NAME OF CHILD ELEANOR VIOLET TURNER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Y	Sept 10th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Turner	Ella Baker
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Powell Kansas	Eldorado Kansas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young
Caldwell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 9-11-1919 John L. Meyer Registrar

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Grant } ss.

Certificate No. 72842
Date Filed MAR

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for none (Name on Original Certificate) who Born (Was Born or Died) on Sept 10, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Eleanor Violet Turner

Subscribed and sworn to before me this 23
day of March, 1942.
L Leuhmann
Notary Public residing at Baker Oregon
My commission expires MY COMMISSION EXPIRES
(Seal) APRIL 18, 1944.

Signed J. W. Turner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Austin Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Grant } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of March, 1942.
L Leuhmann
Notary Public, residing at Baker Oregon
My commission expires MY COMMISSION EXPIRES
(Seal) APRIL 18, 1944.

Signed Lucile Endicott
(Signature of Any Credible Person Other Than Previous Year)
Baker Oregon
(Street Address, City, State)

213-109-014-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

235

CERTIFICATE OF BIRTH

72843

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 179

FULL NAME OF CHILD WILLIAM MAXWELL SALISBURY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept (Month) 9th (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Herbert L. Salisbury	FULL MAIDEN NAME	Anna Sates
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Madison Wisconsin	BIRTHPLACE	Colbran Colo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James A. Young

Caldwell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-11-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 72843

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for William Maxwell Salisbury (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN OR DIED) on 9-9-1919 (DATE OF EVENT)
in Caldwell Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 9-10-1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Salisbury	William Maxwell Salisbury
Date	9-8-1919	9-9-1919
Date	Sept. 8th	Sept. 9th

Subscribed and sworn to before me this 26th day of January, 19 42.

E. P. Hinsley

Notary Public, residing at Lewiston, Idaho,

My commission expires 2-10-1945
(SEAL)

Signed Anne V. Salisbury
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1110 - 8th Ave Lewiston (Mother)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of ~~xix~~ January, 1942.

E. P. Hinsley

Notary Public, residing at

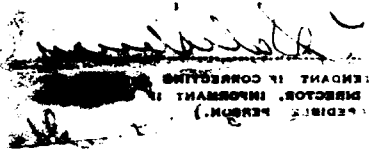
My commission expires 2-10-1945
(SEAL)

Signed Mrs Pearl Beatrice Glenn
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1110 - 8th Ave. Lewiston, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

FEB 19 1942



713-106-01-915

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 72844

Primary Registration District No. 2005 Registered No. 178

FULL NAME OF CHILD NOLAN RANDOLPH PATTERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Sept 6th 1919

FATHER		MOTHER	
FULL NAME	Roay E Patterson	FULL MAIDEN NAME	Ivey Randolph
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hartville Mo.	BIRTHPLACE	Grovespring Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 11:00 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. L. A. Young

Caldwell (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-11-1919 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 72844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Sept. 6, 1919 (Date of Event)
in Caldwell, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Helen Randolph — Patterson

Subscribed and sworn to before me this 17
day of March, 1942

Notary Public, residing at Boise

My commission expires 1/17/1944
(Seal)

Signed Loay E Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #3, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 1 7 1942

759-205-014-252

PLACE OF BIRTH
Amended 8-29-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Canyon

City of Caldwell

No. R. F. D. 4 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 72845

Registered No. 177

FULL NAME OF CHILD Maxine B. Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas J. Perkins	FULL MAIDEN NAME	Beatrice Best
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kentuckey	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

Caldwell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 9-11- 1919

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 72845

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME	No NAME	MAXINE B. PERKINS
BIRTH DATE	Sept. 3, 1919	Sept. 5, 1919

Subscribed and sworn to before me this 29th day of August, 1944

Notary Public, residing at Boise Idaho

My commission expires 6/3/44
(Seal)

Signed Beatrice E. Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1308 Franklin
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 4 1974

281-201-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72846

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 176

FULL NAME OF CHILD EDNA BERNICE SHAVER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	September 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Shaver	FULL MAIDEN NAME	Bernice Harriett
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wyoming
OCCUPATION	Rankroader	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-11- 1919 John S. Meyers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72846

Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed who ..... on .....
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by ..... prepared on ....., are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Edna Bernice Shaver

Subscribed and sworn to before me this.....
day of....., 19 .....

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed C. M. Haley M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... } ss.
County of..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19 .....

.....
Notary Public, residing at.....

My commission expires.....
(SEAL)

Signed.....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 16 1942 By .....
(REGISTRAR'S SIGNATURE)

JUN 18 1942

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

PL[redacted] 238-[redacted]4-365

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72850

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 173

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	August 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dee C. Van Slyke	Viva Conklin
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Elmo Minn.	Edmond Kansas
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ....., at 6.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Young

Caldwell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 9-11-1919 John H. Meyer Registrar

Amended 9/5/69
291-10B-035-217

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS
ERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Nez Perse

City of Lewiston

Registration District No. 96 File No. 72852

No. ..... St.

Primary Registration District No. 1009 Registered No. 325

Hospital Yes

FULL NAME OF CHILD Edward Earl Kramer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 3rd (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Arvey Kramer	FULL MAIDEN NAME	Daisy Alexeta Sage
RESIDENCE	Asotin Wash	RESIDENCE	Asotin Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Asotin Wash	BIRTHPLACE	Asotin Wash
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Monroe M D

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida.

Filed Oct 12 1919 Susan E Bruce
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1949

JAN 23 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
SEP 4 1969
Bureau of Vital Statistics

State of Washington
County of King } ss.

Certificate No. 72852

Date Filed Oct. 12, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Edward Earl Kramer who born on Sept. 3, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Female	Male

Subscribed and sworn to before me this 28th day of August, 1969

Notary Public, residing at Seattle
My commission expires July 30, 1973
(Seal)

X Signed Amelia A. Kramer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14227 - 24th Ave So Seattle Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1969

Notary Public, residing at Seattle Wn
My commission expires July 30, 1973
(Seal)

X Signed Bessie M. Renfrow
(Signature of Any Credible Person)

3032 - So 200th Seattle Wn
(Street Address, City, State)

FORM DH 60-155

8-27-69

SEP 5 1969

719-114-035-451

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez perce

City of Lewiston.

No. 2205 Main St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No. 72853

Registered No. 326

FULL NAME OF CHILD Harry Parsons.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	9 (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Stonewall Parsons	FULL MAIDEN NAME: Nora Meador.
RESIDENCE: 2205 Main Lewiston, Idaho	RESIDENCE: 2205 Main St. Lewiston
COLOR: White — AGE AT LAST BIRTHDAY: 50 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Saline Co, Missouri.	BIRTHPLACE: Casper Co, Missouri.
OCCUPATION: Laborer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD
By R. C. Pauley Sec
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 12 1919 Susan E Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-118-035-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72854

County of Nez Perce.

City of Lewiston. Registration District No. 96 File No.

No. 1504 Main. St. Primary Registration District No. 1009 Registered No. 827

Hospital White's.

FULL NAME OF CHILD Raymond Junior Pritchett.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	9 18 1919

FATHER	MOTHER
FULL NAME: Raymond Pritchett	FULL MAIDEN NAME: Myrtle Mc Clintick.
RESIDENCE: Lewiston, Idaho.	RESIDENCE: Lewiston, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Oregon.	BIRTHPLACE: Iowa.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:00 P.M. on the date above stated.

(Signature) Edgar L White M D
By R C Pauley Sec
(Physician or midwife)

Address Lewiston

Filed Oct 12 1919 Susan E Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

JAN 30 1951

962-119-035-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main. St.

Hospital White's.

Registration District No. 96

File No. 72855

Primary Registration District No. 1009

Registered No. 328

FULL NAME OF CHILD William Oscar Ross.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	X		X	Yes	9 (Month) 19 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W.O. Ross.	FULL MAIDEN NAME	Alice Harbin.
RESIDENCE	Anatone, Wash.	RESIDENCE	Anatone, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD
By R C Pauley Sec
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Oct 12 1919 Susan E Bruce
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1975

AUG 25 1944

859-220-035-962

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72856

County of Nezperce

City of Lewiston

No. ..... *St.*

Hospital .....

Registration District No. 96 **File No.** .....

Primary Registration District No. 1009 **Registered No.** 329

FULL NAME OF CHILD DOROTHY VIRGINIA Heinzerling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 20, 1919

FATHER		MOTHER	
FULL NAME	Shelban Heinzerling	FULL MAIDEN NAME	Minnie Robinson
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Washington	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho.

Filed 10-12 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 72856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Virginia Heinzerling (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1919 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Virginia Heinzerling

Subscribed and sworn to before me this 15th day of May 1942

Notary Public, residing at Spokane

My commission expires Jan. 24, 1946
(Seal)

Signed x Minnie Mersie Heinzerling (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1624 E. 4th Spokane Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May 1942

Notary Public, residing at Spokane

My commission expires Jan. 24, 1946
(Seal)

Signed x L. C. Heinzerling
(Signature of Any Credible Person Other Than Previous Year)

1514 E. 4th Ave.
(Street Address, City, State) Spokane Wn

MAY 6 1942

MAY 28 1942

96 7-120-235-154

PLACE OF BIRTH

County of Nezperce.

City of Lewiston Ida.

No. 1318- 10th St. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72857

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 330

FULL NAME OF CHILD Orman Rogers.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	9 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pearl J. Rogers.	Pearle R. Andrus
RESIDENCE	Lewiston, Ida.	Lewiston, Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Wn	Pa.
OCCUPATION	Farmer.	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2—A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan

M.D.

(Physician or midwife)

Address Lewiston, Idaho,

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10—12—1919 Susan E. Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-221-035-799

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72858

County of Nez Perce

City of Lewiston Registration District No. 96 File No.

No. 301 - Snake River Ave. Primary Registration District No. 1009 Registered No. 331

Hospital

FULL NAME OF CHILD Nancy Belle DeVault

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9-21-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry DeVault	FULL MAIDEN NAME	Nancy Griffin
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed 10-12-1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address N OF VITAL STATISTICS, BOISE, IDAHO.

Amended 8-9-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72859
Local Reg. No. 332
Reg. Dist. No. 96

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: White's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston Orchards
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Esther
b. (Middle): Elizabeth
c. (Last): Ruth Schoening

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 23, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle):
c. (Last): Schoening

8. AGE (At time of this birth): 44 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Gardner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pauline
b. (Middle):
c. (Last): Rode

13. AGE (At time of this birth): 42 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Sweden

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Edgar L. White, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-12-1919

22. REGISTRAR'S SIGNATURE: Susan E. Bruce

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

338-043035-964 (Be sure the information is complete and accurate)

Amended 8-21-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 72859
Local Reg. No. 332
Reg. Dist. No. 96

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: White's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston Orchards
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Esther
b. (Middle): Elizabeth
c. (Last): Ruth Schoening

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 23, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle):
c. (Last): Schoening

8. AGE (At time of this birth): 44 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Gardner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pauline
b. (Middle):
c. (Last): Rode

13. AGE (At time of this birth): 42 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Poland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Edgar L. White, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-12-1919

22. REGISTRAR'S SIGNATURE: Susan E. Bruce

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED FEB 20 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 72859

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Astor Elizabeth Ruth Schoening (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1919 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Astor	Esther
Child's Date of Birth	Sept. 24, 1919	Sept. 23, 1919

Subscribed and sworn to before me this 13th day of February, 1967

Owen L. Knowlton

Notary Public, residing at Lewiston, Idaho

My commission expires 1-12-68

(Seal)

Signed Mrs Anna K Luffe

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1-31-67. one copy pd. rec. #5945.

Certificate of Marriage, No. 303, State of Washington, County of Asotin, married May 14, 1937 gives full name of groom as Paris B Chase and full name of bride as Esther E. Schoening - married at Clarkston, Washington - viewed by V.S.

Photo copy of Grade Transcript, Permanent Record, Lewiston Junior-Senior High School, Lewiston, Idaho - date entered Sept. 6, 1932 gives full name of student as Esther Schoening, born Sept. 23, 1919 - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 24 1967
Bureau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. White Hospital St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Esther Elizabeth Ruth Schoening

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 9 23, 1919 (Month, Day, Year)

FATHER

9. Full name Fredrick Schoening
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race W | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work 9 - 23, 1919
17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Pauline Rode
19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
20. Color or race W | 21. Age at last birthday 41 (years)
22. Birthplace (city or place) (State or Country) Poland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work 9 - 23, 1919
26. Total time (years) spent in this work 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol instilled in each eye

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 45 pm on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Subscribed and sworn before me March 8, 1942
Notary public

(Signed) E. L. White, M. D.
or ....., Midwife
Address Lewiston Idaho
Filed ....., 193.. Registrar.

(Date of) Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main. St.

Hospital White's.

Registration District No. 96 File No. 72859

Primary Registration District No. 1009 Registered No. 332

FULL NAME OF CHILD Astor Elizabeth Ruth Schoening.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female.	X (To be answered only in event of plural births)		X	Yes	9	24	1919

FATHER	MOTHER
FULL NAME: Fred Schoening	FULL MAIDEN NAME: Pauline Rode.
RESIDENCE: Lewiston Orchards.	RESIDENCE: Lewiston Orchards.
COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Sweden.
OCCUPATION: Gardner.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D. By P.C. Farley Sec.

(Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

Registrar

Filed 10-12-1919 Susan E. Bruce

Registrar

8-Y-CO 38071

AUG 2 1 1967

718-125-1035-259

PLACE OF BIRTH

STATE OF ID[redacted]

BUREAU OF VITAL STATIS[redacted]

11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72860

County of Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital White's.

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 333

FULL NAME OF CHILD Robert George Gaylord.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	9 25 1919

FATHER

FULL NAME: F.M.Gaylord.

RESIDENCE: Weippe, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Wisconsin.

OCCUPATION: Mechanic

MOTHER

FULL MAIDEN NAME: Catherine Kerr.

RESIDENCE: Weippe. Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Lewiston, Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) Edgar L White M.D.

By R O Pauley Sec

(Physician or midwife)

Address

Filed 10-12-1919 Wm. E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-125-016-363

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72861

Registration District No. 117 File No. .....

Primary Registration District No. 2176 Registered No. 1361

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Sept 24 — 19

FATHER		MOTHER	
FULL NAME	R. A. Gibson	FULL MAIDEN NAME	Belinda Lockwood
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler MD

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 12 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-115-016-397

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72862

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1360

FULL NAME OF CHILD Baby Prescott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E J Prescott	FULL MAIDEN NAME	Ellen Tippetts
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida

Filed Oct 12 1919 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155·215·076-884

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72863

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 1359

Hospital

FULL NAME OF CHILD Marvin Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 15 1917

FATHER		MOTHER	
FULL NAME	W C Jensen	FULL MAIDEN NAME	Eulalia Hyde
RESIDENCE	Metropolis Nev	RESIDENCE	Metropolis Nev
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Wyo
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.0 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. K. Cutler

MD (Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct. 12 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1958

294-129016-745

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 72864

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1358

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	August 29 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. A. Brunt	Fannie Goodmanson
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.0 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Muller MD (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 12 1917 Dr. J. V. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-227-016249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72865

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1357

FULL NAME OF CHILD Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Anderson	FULL MAIDEN NAME	Florence Smith
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Sept. 30 1919 Dr. J. C. Patterson

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1975

8-19-125-1016-132

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 117

File No. 72866

Primary Registration District No. 2176

Registered No. 1355

FULL NAME OF CHILD ... Kenneth Gerald Harkins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug. 25 1919

FATHER		MOTHER	
FULL NAME	J. J. Harkins	FULL MAIDEN NAME	Chloe Adsfugh
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 10 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. ..... 19.....

..... Registrar

Filed Sept. 30 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-22 7.016-613

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-8-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 72867

Primary Registration District No. 2196 Registered No. 1356

FULL NAME OF CHILD Althera Pearl James

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 27 1917

	FATHER	MOTHER
FULL NAME	Arthur L. James	Myrtle Alene Walker
RESIDENCE	Burley, Idaho	Burley, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Fireman	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 30 1917 Dr. J. C. Patterson Registrar

Certified Copy issued Nov. 13, 1940. L.W.

236-21-016-592

PLACE OF BIRTH

County of Owyhee

City of Bruneau

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72868

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1354

FULL NAME OF CHILD Marjorie Ruth Story

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 17 1917

FATHER		MOTHER	
FULL NAME	E. V. Story	FULL MAIDEN NAME	Della Evaline
RESIDENCE	Bruneau, Ida.	RESIDENCE	Bruneau, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

H. D.

(Physician or midwife)

Address Bruneau, Ida.

Filed Sept. 29 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

366-112-016-813

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 117 File No. 72869

Primary Registration District No. 2196 Registered No. 1355

FULL NAME OF CHILD EVERT LOWELL Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 12 1919

FATHER		MOTHER	
FULL NAME	J. W. Cooper	FULL MAIDEN NAME	Cecil Hall
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 * Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Address Burley, Ida.

Filed Sept. 29 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 72869
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death) for Evert Lowell Cooper (Name on original certificate) who (Was born or died) on Sept 12 1919 (Date of event) in Burley Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Nsme	Unnamed Cooper	Evert Lowell Cooper

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed Cecil Cooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Cass~~ Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1941

C F Larson
Notary Public, residing at
My commission expires
[SEAL]

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Signed Fathom Hesley Cooper
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-231-016-418

PLACE OF BIRTH

County of Lincoln

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72870

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1352

FULL NAME OF CHILD Douglas Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug. 31 1917

FATHER

FULL NAME C. F. Matthews

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Ditch-Rider

MOTHER

FULL MAIDEN NAME Ada Dayley

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Idaho

OCCUPATION

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Sept. 29 1917 Dr. J. C. Patterson Registrar

dup of 1919-338868

matthews

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

71-22-16-238

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Bellevue

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72871

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1351

FULL NAME OF CHILD Martha Paulsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug. 22 1917

FATHER		MOTHER	
FULL NAME	R. Paulsen	FULL MAIDEN NAME	Mary Schneider
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Sept. 29 1917 Dr. J. C. Patterson
Registrar

Z - POULSEN

DUP OF 19-313080

238-111-016-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72872

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1350

FULL NAME OF CHILD Schurtz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 11th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. D. Schurtz	FULL MAIDEN NAME	Henrietta Gall
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed Sept. 15 1919 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-21-016-163

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

7-2873

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1349

FULL NAME OF CHILD Vera Little

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 14 1919

FATHER	MOTHER
FULL NAME C. L. Little	FULL MAIDEN NAME Chloe Jolley
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 30 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BIND...
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate 72873
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Vera Little

Subscribed and sworn to before me this 22
day of April 1944
Pauline Amlone
Notary Public, residing at Boise, Idaho
My commission expires 1/14/47
(Seal)

Signed Chloe A. Little
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-119

PLACE OF BIRTH

016-239

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72874

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1348

FULL NAME OF CHILD ~~Baby~~ Cochran, Charles Clifton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. E. Cochran	FULL MAIDEN NAME	Leota Strache
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	~~Declo~~ Iowa
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Oct. 12 1919 Dr. J. C. Patterson

Registrar

Registrar

MAY 22 1984

993-227-016-845

PLACE OF BIRTH Amended 12/5/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-1-17

CERTIFICATE OF BIRTH 72875

County of Bonneville Cassia

City of Burley

Registration District No. 117

File No.

No. St.

Primary Registration District No. 2196

Registered No. 1347

Hospital

FULL NAME OF CHILD Mary Myrlene Richins

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	January 17, 1919

FATHER		MOTHER	
FULL NAME	Wm. A. Richins	FULL MAIDEN NAME	Martha DeLois Hunter
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a.i. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carlton

M. D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct. 12 1919 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 23 4 17 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72875

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Girl Richins (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1919 (Date of Event)

in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Baby Girl Richins	Mary Myrlene Richins

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of June, 1978

Notary Public, residing at McCall, Idaho,

My commission expires .....

(Seal)

Signed [signature]
(Signature of Any Credible Person)

R. 1 Box 259 Cataldo, Ida. - 83810
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 6-12-78 (R)

Transcript ~~fxm~~ of Credit gives name as Mary Myrlene Richins Stewart dated June 4, 1941. viewed by ~~B~~.VS. from Brigham Young University.

DEC 5 1978

Family group record for William Alma Richins and Maetha DeLois Hunter gives child's name as Mary Myrlene Richins born June 27, 1919 at Burley Idaho vie wedby V. S.

815-113-022-614

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72878

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD GEORGE GAIL HANSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. C. Hansen HANSON	FULL MAIDEN NAME	Alice Wade
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Twife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alice (Born alive or stillborn), at 5 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Metton

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W Burt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 72878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Gail Hanson (Name on Original Certificate) who was born (Was Born or Died) on May 12,1919 (Date of Event)
in St.Anthony,Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	George Gail Hanson
name of father	N.C. Hansen	N. C. Hanson

Subscribed and sworn to before me this 16th day of February, 1942.

Signed Mrs Alice Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at ST. ANTHONY, IDA.

My commission expires
(Seal)

St.Anthony,Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

FEB 21 1942

JAN 28 19[illegible]

249-206-022-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72879

County of Fremont

City of St Anthony

Registration District No. 49 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wayne E Smith	FULL MAIDEN NAME	Ina Thompson
RESIDENCE	St A	RESIDENCE	St Anthony
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	F. wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W B West Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D67-649

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-216-022-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 72880

No. ..... St.

Primary Registration District No. 2127 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	June 16 1919

FATHER		MOTHER	
FULL NAME	James Campbell	FULL MAIDEN NAME	Ella Branson
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

(Signature) J E Melton

MD

(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W Bennett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

559208 022-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72881

County of Fremont

City of Parker

Registration District No. 49 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Ruth Lena Neilson

Sex of Child FM

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Neilson	FULL MAIDEN NAME	Mildred Farley
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	~~Laborer~~ Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W B Wrat Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1974

299-214-022-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

Amended 3/24/76

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 72882

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wanda Francene Birch

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	June 14 1919

FATHER		MOTHER	
FULL NAME	C F Birch	FULL MAIDEN NAME	Theo. Rosendof
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	F wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

(Signature) J E Mellon MD
(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W Durrett
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 11 1 21 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 72882

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Burch (female) (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1919 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Burch	Wanda Francene Birch
father's last name	Burch	Birch

Subscribed and sworn to before me this 8th day of March, 1976.

J. J. Hathaway
Notary Public, residing at St. Anthony
My commission expires Life Term
(Seal)

Signed Wanda B. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 1976.

J. J. Hathaway
Notary Public, residing at St. Anthony
My commission expires Life Term
(Seal)

Signed Zeke Smith
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/1/76 lcc pd. rec. #5060

Certif. of Blessing from the LDS Church gives name as Wanda Francene Birch daughter of C. F. Birch and Theo Rosenhof. Born June 14, 1919 at St. Anthony, Idaho. Blessed Aug 3,1919. viewed by V. S. T. Rosenhof.

MAR 25 1976

Certif of Baptism and Confirmation from the LDS Church gives nameas Wanda Francene Birch daughter of Charles F. Birch and Theo Rosenhof. Born June 14,1919 at St. Anthony, Idaho. Baptized July 2, 1927. viewed by V. S.

844-119-022-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 19 File No. 72883

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD HERMAN GRANT HUMPHREYS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
N		yes	May (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W R Humphreys	FULL MAIDEN NAME	Ethel M. Miller
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	F wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Metton

MD
(Physician or midwife)

Address St Anthony Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 11 1919 W D West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Miss Orr

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 72883

Date Filed July

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for My name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 19, 1919 (DATE OF EVENT)
in Parma, Ada (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Herman Grant Humphreys

Subscribed and sworn to before me this 14th
day of January, 19 42
J. Marvel E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed W. R. Humphreys
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 15 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-219-022-815

PLACE OF BIRTH

Child's name added 3-1-89 MCM

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72884

County of Fremont

City of St. Anthony Registration District No. 99 File No.

No. St. Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD VERLA MAE McCARTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 19 1919

FATHER

FULL NAME V McCarter

RESIDENCE St Anthony

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Barber

MOTHER

FULL MAIDEN NAME Frances M. Hannefield

RESIDENCE St Anthony

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mo.

OCCUPATION Barbers wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

(Signature) J E McClure

MD

(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

11-28-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 19-72884
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl McCarter (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 19, 1919 (Date of Event)

in St. Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl McCarter	Verla Mae McCarter
~~Date of Event~~	~~May 19, 1919~~	~~May 20, 1919~~

Subscribed and sworn to before me this 29th day of December, 1988

X Notary Public, Dustin M. Keene

Residing at San Jose, CA

My commission expires May 15, 1992

DUSTIN M. KEENE
NOTARY PUBLIC-CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires MAY 15, 1992

X Verla Lake
Signature of Applicant

X4271 N First Sp 28
Street Address, City, State
San Jose, Ca 95134

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

-St Leander's Church in San Leandro, CA shows Verla Mae Lake born to Verel McCarter & Frances Hannefield in St. Anthony, ID on May 23, 1919 and baptized Dec 24, 1950 by H S Donohue. Viewed by VS.

MAR 1 1989

Personnel Appointment for the county of Santa Clara shows Verla Mae Lake born May 28, 1919 in Idaho and signed Sept 20, 1976. Viewed by VS.

386-202 ce 22-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

T2885

County of Fremont

City of St Anthony Registration District No. 49 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Marjorie Venice Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	June 2 1919

FATHER		MOTHER	
FULL NAME	Lee O. Thompson	FULL MAIDEN NAME	Mabel C. Peterson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo	BIRTHPLACE	Minn
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W A Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-205-022-759

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72886

County of Fremont

City of Sugar

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Wilma Trupp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Trupp	FULL MAIDEN NAME	Mary Gettman
RESIDENCE	Sugar City	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	F. wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W B Wrist Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 72886

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Wilma Trupp

Subscribed and sworn to before me this 17th day of November, 19 42
Marion E. Ord
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Henry Trupp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 20 1942

289-107-026-268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

[redacted] STICS

CERTIFICATE OF BIRTH

72887

County of Jefferson

City of Menan Registration District No. 79 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	June 7 1919

FATHER		MOTHER	
FULL NAME	Thomas Shippen	FULL MAIDEN NAME	Cora Boyce
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Address St Anthony Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct 10 1919 W Dewey

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1974

818-107-022-215

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDA[illegible]
BUREAU OF VITAL ST[illegible]

V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF [illegible] 72888

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Mar 7 1919

FATHER		MOTHER	
FULL NAME	G H Haya	FULL MAIDEN NAME	M. Bannon
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Restaurant mngr	OCCUPATION	Restaurant Keepers wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Metton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W B West Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

418-129-022-632 Amended Jan 20, 1981 Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72889

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Alvin Ross May

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. J. May	Christina Olsen
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Denmark	Idaho
OCCUPATION	Farmer	Farm wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W O Wirth Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 9 4 06 PM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 72889
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed May (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 29, 1919 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name of Child	Not Given	Alvin Ross May

Subscribed and sworn to before me this 6th day of January, 19 81.

Notary Public, Lela B Leavitt

Residing at Idaho Falls

My commission expires Does not expire

(Seal)

x Jean D. May
Signature of Applicant

x 788 Calliope, Idaho Falls
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed X)
(Is not necessary __)

State of Idaho
County of Bonneville } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 19 81.

Notary Public, Lela B Leavitt

Residing at Idaho Falls

My commission expires Does not expire

(Seal)

x Mary A Jorgensen
Supporting Signature

x 1445 Jefferson Ave Idaho Falls, Ida
Street Address, City, State

Certificate of Blessing gives name as Alvin Ross May born March 19, 1919 at St. Anthony, Idaho. Blessed June 1, 1919. viewed by V. S.

Copy of Burial or Removal Permit, Board of Health for Alvin Ross May, died Sept 22, 1920 at St. Anthony, Idaho, buried at Wilford, Idaho. Permit dated Sept 24, 1920. Viewed by V.S.

193-226,022-343

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99 File No. 72890

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ernestine Archibald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	Apr (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John W Archibald	FULL MAIDEN NAME	Ossie P. Tuck
RESIDENCE	Teton City	RESIDENCE	Teton C.
COLOR	911	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Fumfe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W D Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 72890

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ernestine Archibald

Subscribed and sworn to before me this 3 day of November, 1944

Notary Public, residing at Driggs, Idaho

My commission expires April 14, 1945 (Seal)

Signed Ossie P. Archibald (Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs Idaho R.S.D. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected ~~facts as~~ set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of November, 1944

Notary Public, residing at Driggs Idaho

My commission expires April 14-1945 (Seal)

Signed R. L. Fullmer (Signature of Any Credible Person Other Than Previous Year)

Driggs, Idaho (Street Address, City, State)

NOV 6 1944

383-127-022-819

Form V. S. No. 11-G-25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72891

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Carrol Lenox Tyler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Apr 27 1919

FATHER		MOTHER	
FULL NAME	Leslie Tyler	FULL MAIDEN NAME	Acthea Harrison
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	F's wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W Owen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1951

MAY 23 1955

364-201-022-657

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72892

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 11 1919

FATHER		MOTHER	
FULL NAME	Edwin Yount	FULL MAIDEN NAME	Julia A Weaver
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Finisher

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 10 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) J E Melton MD
(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W Barrett
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-221-022-613

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72893

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Emily Isabelle Browning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo Browning	FULL MAIDEN NAME	Phoebe Walls
RESIDENCE	St Anthony	RESIDENCE	St A.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	F. wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Ida

Filed Oct 10 1919 W O West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

NOV 24 1943

Certificate No. 72893

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Emily Isabelle Browning

Subscribed and sworn to before me this 20 day of November, 1943.

Alvira F. Rawlins

Notary Public, residing at .....

My commission expires March 1947

(Seal)

Signed Geo H Browning

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Newdale Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of November, 1943.

Alvira F. Rawlins

Notary Public, residing at .....

My commission expires March 1947

(Seal)

Signed Mrs. Stella L England

(Signature of Any Credible Person Other Than Previous Year)

Newdale Idaho

(Street Address, City, State)

NOV 30 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

147-129-022-194

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Canyon Creek Registration District No. 99 File No. 72894

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	Jan 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F. Humphrey	Bessie M. Ard.
RESIDENCE	Canyon Creek.	Canyon Creek.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) J E Melton MD
(Physician or midwife)

Address St Anthony Idaho

Filed Oct 10 1919 W Burst Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

493-103-022-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72895

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St. Primary Registration District No. 2127 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
M				yes	Mar 3 1919

FATHER		MOTHER	
FULL NAME	Roger Meldrum	FULL MAIDEN NAME	Mary Clark
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Barbers wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W B Wrat Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-118-

PLACE OF BIRTH

622-455 Fremont

County of

City of St Anthony

No. St.

Hospital

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72896

Registration District No. 99 File No.

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD TAYLOR CLAY BARNEY

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Mar 18 1919

FATHER

FULL NAME David Barney

RESIDENCE St Anthony

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Adelaide Dennis

RESIDENCE St Anthony

COLOR W AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 P M. on the date above stated.

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Ida

Filed Oct 10 1919 W Burt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Montana } ss.
County of Madison }

DEC 10 1941

Certificate No. 72896
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Taylor Clay Barney (Name on original certificate) who born (Was born or died) on March 18, 1919 (Date of event)
in St. Anthony, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by affidavit of parents (Bible record, insurance policy, etc.) prepared on November 29, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Taylor Clay Barney

Subscribed and sworn to before me this 29th
day of November 19 41
W. C. Carson
Notary Public, residing at Sheridan, Montana
My commission expires July 2, 1944
[SEAL]

Signed Adelaide Barney.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Montana } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of November 19 41
W. C. Carson
Notary Public, residing at Sheridan, Montana
My commission expires July 2, 1944
[SEAL]

Signed David Barney
(Signature of any credible person other than the previous affiant)

DEC 10 1941

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

DEC 1 1941

468-210-022-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72897

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2199

File No. .....

Registered No. .....

FULL NAME OF CHILD Leona Dayley

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sep 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence E. Dayley	FULL MAIDEN NAME	Zena May Davenport
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Paradise Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Hazelwargen M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony Idaho

Filed Oct 10 1919 W B West

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 13 1963

796. 12. 022249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 72898

County of Fremont

City of Parker

Registration District No. 99

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Herman Jack Grover

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Jan 27 1919

FATHER		MOTHER	
FULL NAME	Thomas Grover	FULL MAIDEN NAME	Sarah A. Smith
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	F. wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr J E Melton

(Physician or midwife)

Address St Anthony Idaho

Filed Oct 10 1919 W E Dewey
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued 12-19-1940 D.P.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH
133-123-022-367
County of Fremont

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72899

City of Egin

Registration District No. 99 File No.

No. 1 St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD GLEN ALLEN, JR.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 23 1919

FATHER		MOTHER	
FULL NAME	Glen Allen	FULL MAIDEN NAME	Myrtle Cox
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J E Melton
(Physician or midwife)

Address St Anthony Idaho

Given names added from a supplemental report.

19

Registrar

Filed Feb 11 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Jefferson }

Certificate No. 72899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for no name (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 23, 1919 (DATE OF EVENT)
in St. Anthony, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that to the best of his knowledge, the
true facts as shown by own knowledge as/ mother and birthday book (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 23, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Glen Allen, Jr.

Subscribed and sworn to before me this 15
day of December, 19 42

Notary Public, residing at Whitehall, Jefferson County, Montana

My commission expires
(SEAL) My Notarial Commission Expires January 2, 1945

Signed Myrtle V. Coy Allen (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Whitehall, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 138, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 1 9 1943

517-227-022-517

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 72900

Registered No. .....

FULL NAME OF CHILD ~~XXXXXXXX~~ ROSE Eagle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Samuel Eagle	FULL MAIDEN NAME	Ida Eagle
RESIDENCE	Yellow Stone Mont	RESIDENCE	Yellow Stone Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Penn	BIRTHPLACE	Michigan
OCCUPATION	Merchant	OCCUPATION	Merchant

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Blevest

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address .....

Registrar

Filed Oct 6 1919

W. Blevest
Registrar

NOTE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72906

City of Lenore R. 1

No. 613-108-018-263 St.

Registration District No. 93

File No.

Primary Registration District No. 2371

Registered No.

Hospital

FULL NAME OF CHILD Herbert Harpster Fackenthall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	3	Yes	Sept. 8 1919

FATHER		MOTHER	
FULL NAME	Geo. Victor Fackenthall	FULL MAIDEN NAME	Carrie M. Bolyard
RESIDENCE	Lenore R-1- Ida-	RESIDENCE	Lenore R-1-Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New Jersey	BIRTHPLACE	W. Va-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Syle M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Peck- Ida-

19

Filed 9-8- 1919

J. M. Syle
Registrar

Registrar

S-Y-CO. 38071

LAKE OF [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted]

Form V. S. No. 11-C—20m-5-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72907

County of Idaho

City of White Bird
386-214-025-967
No. _____ St.

Registration District No. 104

File No. _____

Primary Registration District No. 2182

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~none~~ Erma Edna Thompson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Oct 14 1919

FATHER	MOTHER
FULL NAME: John Melbin Thompson	FULL MAIDEN NAME: Mary Grace Rogers
RESIDENCE: White Bird	RESIDENCE: White Bird
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Genessee Idaho	BIRTHPLACE: West Virginia
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A M. on the date above stated.

(Signature) W. A. Haskett

Physician (Physician or midwife)

Address White Bird

Filed Oct 19 19 W. A. Haskett
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-111-025-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of White Bird

No. ____ St.

Hospital ____

Registration District No. 104

Primary Registration District No. 2182

File No. 72908

Registered No. ____

FULL NAME OF CHILD Ted Arthur McSpadden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Oct 11 1919

FATHER	MOTHER
FULL NAME: Arthur McSpadden	FULL MAIDEN NAME: Blanch May McDonald
RESIDENCE: White Bird	RESIDENCE: White Bird
COLOR: White	AGE AT LAST BIRTHDAY (Years): 27
COLOR: White	AGE AT LAST BIRTHDAY (Years): 24
BIRTHPLACE: Missouri	BIRTHPLACE: Verndale Minn
OCCUPATION: Cattleraising	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Nov. 10 19 19

W. A. Foskett Registrar

S-Y-CO 38071

OCT 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Skagit

Certificate No. 72908

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Teddy Arthur McSpaddin (Name on Original Certificate) who was born (Was Born or Died) on Oct. 11, 1919 (Date of Event)
in Whitebird, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on December 19, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Teddy Arthur McSpaddin	Ted Arthur McSpadden

Subscribed and sworn to before me this 30
day of September 1942

Notary Public, residing at Concrete

My commission expires Nov 24 1944
(Seal)

Signed Arthur McSpadden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rockport, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Skagit

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of September 1942

Notary Public, residing at Concrete

My commission expires Nov 24 1944
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

Concrete Wn
(Street Address, City, State)

OCT 5 1942

4118-213-025-128

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

72909

County of Idaho

City of White Bird

Registration District No. 104

File No.

No. ____ St.

Primary Registration District No. 2182

Registered No.

Hospital

FULL NAME OF CHILD Anna Mahurin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept 13 1919

FATHER	MOTHER
FULL NAME: Tom Clark Mahurin	FULL MAIDEN NAME: Mary Ashpaugh
RESIDENCE: White Bird	RESIDENCE: White Bird
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Washington
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

White Bird
(Physician or midwife)

Address Physician

Given names added from a supplemental report.

....19....

Registrar

Filed Sept. 19 19 W. A. Foskett
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-211-025-129

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72910

County of Idaho

City of Joseph Plains

Registration District No. 104 File No.

No. St.

Primary Registration District No. 2182 Registered No.

Hospital

FULL NAME OF CHILD Jaunita Jane Allard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 11 1919

FATHER	MOTHER
FULL NAME: Lewis Allard	FULL MAIDEN NAME: Helen Abracombie
RESIDENCE: Walla Walla Wash	RESIDENCE: Walla Walla Wash
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Walla Walla Wash	BIRTHPLACE: Oklahoma
OCCUPATION: Machinest	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 19 19 W. A. Foskett
Registrar

S-Y-CO 38071

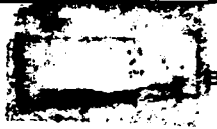
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-208-044-666

PLACE OF BIRTH



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 72911

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

Registration District No. 58 File No. ____

Primary Registration District No. 2164 Registered No. ____

FULL NAME OF CHILD Thelma Louisa Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	---	---	Yes	October 8 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Walter Eugene Ford	FULL MAIDEN NAME: Carrie Lee Woods
RESIDENCE: Cambridge, Idaho	RESIDENCE: Cambridge, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Granger County, Ohio.	BIRTHPLACE: Wise County, Texas.
OCCUPATION: Rancher	OCCUPATION: Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Cambridge, Idaho

Filed Oct 18 1919 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1967

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. 533-223-044-445 St.

Hospital

Registration District No. 68

Primary Registration District No. 2164

File No. 72912

Registered No.

FULL NAME OF CHILD Jeanie Edith Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C. E. Ellis	FULL MAIDEN NAME	Jendene Muns
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmitz -SS-

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed April 1 1919 Dr. C. E. Schmitz

Registrar

Registrar

PLACE OF BIRTH

CERTIFICATE OF BIRTH

COUNTY OF Weiser Co
or

REGISTERED No.

CITY OF Cambridge Idaho No. 15 - N.E. Cambridge Ida STREET
(If in county, distance and direction from city)

FULL NAME OF CHILD Jeanie Edith Ellis (If child is not yet named, make supplemental report as directed.)

Sex of Child	Twin, Triplet or other	and	No. in order of birth	Legitimate	Date of birth
F	1		5th	Yes	Mar 23, 1919 (month, day, year)

FATHER		MOTHER	
Full Name	Carey Clark Ellis	Full Maiden Name	Jeanie Dean Munns
Residence	Cambridge	Residence	Cambridge
Color	W	Color	W.
Age at last birthday	30 years	Age at last birthday	30 years
Birthplace	Mo	Birthplace	Mo
Occupation	Rancher	Occupation	Housewife

REMARKS: These parents live here now & when this child was born the attending physician died night after the birth of the child so it was never recorded.

(Signed) Chas. T. Dunaway M.D.
Physician or person reporting

Address Medford Ore

Dr Schmidt was the attending Physician.

SEP 13 1963

455-219-044-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 88

Primary Registration District No. 2164

File No. 72913

Registered No. .....

FULL NAME OF CHILD Elva Myrle Meneely

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Feb 19 1919

FATHER		MOTHER	
FULL NAME	Guy Meneely	FULL MAIDEN NAME	Maye Kennedy
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. E. Schmitz
M. D.
(Physician or midwife)

Address Cambridge Idaho

Filed March 1 1919 Dr. C. E. Schmitz
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

c.c. 5/7/41. w.h.

381-117-044-855

PLACE OF BIRTH

County of Washington

City of Indian Valley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 8 F

File No. 72915

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
		Yes	Oct 17 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME Elmer Chapin

RESIDENCE Indian Valley Idaho

COLOR W

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Washington

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Ina Heiger

RESIDENCE Indian Valley Ida.

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iowa

OCCUPATION Home work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twin born alive (Born alive or stillborn) on the date above stated., at 1 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz MD

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 22 19 19 C E Schmutz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

945-120-044-536

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88

File No. 72916

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alvin Wilbur Runstadler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman J Runstadler	FULL MAIDEN NAME	Lottie E Coolidge
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Or
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Cambridge Ida

Filed Oct 23 1919 C E Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1946

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-105-044-652

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72917

Registration District No. 55

File No. .....

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD ..... Herold Eugene Scoubes .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept 5 1919

FATHER

FULL NAME: David M Scoubes

RESIDENCE: Cambridge

COLOR: W

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Or

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nella Weston

RESIDENCE: Cambridge

COLOR: W

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ida

OCCUPATION: Hw

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

MD (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 23 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72918

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Lucella May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	Aug 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry G Jackson	FULL MAIDEN NAME	Catherine F Shaw
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Cambridge

Filed Oct 23 1919 C.E. Schmitz Registrar

not

258-128-044-533

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72919

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Clifford Ivan Snyder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vern Snyder	FULL MAIDEN NAME	Florence E Clure
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	N Dak
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Cambridge

19

Filed Oct 23 1919 C.E. Schultz Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-226-016-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72920

County of Cassia

City of Oakley

Registration District No. 120

File No. XXI

No. ..... St.

Primary Registration District No. 2199

Registered No. 47

Hospital .....

FULL NAME OF CHILD Velma Dayley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Dayley	FULL MAIDEN NAME	Martha Sanford
RESIDENCE	Churchill Idaho	RESIDENCE	Churchill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Oct 10 1919 A. G. Nielson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREI

OCT 2 4 1944

669-223-076-813

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72921

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 12

File No. XXI

Primary Registration District No. 2199

Registered No. 44

FULL NAME OF CHILD MINA Worwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sep 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. T. Worwood	FULL MAIDEN NAME	Sadie Hale
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Oct 10 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 72921

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1920 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mina Worwood

Subscribed and sworn to before me this 5th
day of December, 19 42
A C De Mary
Notary Public, residing at Rupert, Idaho.
My commission expires July 6, 1943
(Seal)

Signed Sara Minnie Worwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rupert, Idaho. Route #2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of December, 19 42
A C De Mary
Notary Public, residing at Rupert, Idaho
My commission expires July 6, 1943
(Seal)

Signed Harold A. Peterson
(Signature of Any Credible Person Other Than Previous Year)
723 5th St. Rupert, Idaho
(Street Address, City, State)

DEC 9 1942

DEC 15 1942

434-217-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72922

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 43

FULL NAME OF CHILD Norma Lu Mc Murray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Mc Murray	FULL MAIDEN NAME	Lulu Dahlquist
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 10 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4/29/41 L. B.

AFFIDAVIT.

STATE OF IDAHO,)
(ss
County of Cassia.)

Lula McMurray, being first duly sworn, deposes and says: That she is a citizen of the United States and of the State of Idaho, over the age of twenty-one years;

That she is the mother of Norma Lu McMurray and that Norma Lu McMurray was born on the 17th day of September, 1919, at Oakley, County of Cassia, State of Idaho.

Lula McMurray

Subscribed and sworn to before me this 26th day of April, 1941.

L H Kunau

Notary ~~Public~~ in and for the State of Idaho, residing at Burley, Idaho.
My commission expires:

JAN 16 1967

962-111-016-212

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72923

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. 881

Primary Registration District No. 2199

Registered No. 42

FULL NAME OF CHILD BYRON BAKER Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 11 1919

FATHER		MOTHER	
FULL NAME	Loren J. Robinson Jr	FULL MAIDEN NAME	Rosetta Baker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Oct 10 1919 A. J. Nielson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 3 1942 Certificate No. 72923

County of Cassia } Date Filed:

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Byron Baker Robinson (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on Sept 11 - 1919 (DATE OF EVENT) in Oakley, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Date of his Birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Byron Baker	Robinson	Byron Baker Robinson
Father Name	Loren J. Robinson Jr	

Subscribed and sworn to before me this 31 day of January, 1942

E G Larson

Notary Public, residing at Oakley, Ida.

My commission expires Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho My Commission expires Jan. 6, 1945

(SEAL)

Signed Loren J. Robinson Jr.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of January, 1942

E G Larson

Notary Public, residing at Oakley Ida

My commission expires Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho My Commission expires Jan. 6, 1945

(SEAL)

Signed Arva R. Lovell

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Oakley, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By

(REGISTRAR'S SIGNATURE)

JAN 1 1 1972

331-109-016-669

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-3-3-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72924

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX1

Primary Registration District No. 2199

Registered No. 40

FULL NAME OF CHILD John Russell Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Clark	FULL MAIDEN NAME	Sarah Worthington
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

Address Oakley Idaho

..... 19.....

Filed Oct 10 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASSIFIED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of CASSIA }

VITAL STATISTICS
JAN 20 4 15 PM '74

Certificate No. 72924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clark (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	John Russell Clark

Subscribed and sworn to before me this 22 day of JANUARY, 19 74

Notary Public, residing at OAKLEY, IDAHO
My commission expires NOV. 5, 1976
(Seal)

Signed Sarah L. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CASSIA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of JANUARY, 19 74

Notary Public, residing at OAKLEY, IDAHO
My commission expires NOV. 5, 1976
(Seal)

Signed Louise Elliott
(Signature of Any Credible Person)

Oakley Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11/16/73 RUSH ret'd $1 ck.

Record from LDS Church gives name as John Russell Clark. born on Sept. 9, 1919 at Oakley, Idaho. Father's name given as John Calvin Clark and Sarah Louisa Worthington. Signed by Thomas F. Miller, Custodian of the records. Viewed by V. S.

FEB 15 1974

Certificat of Ordination to the Holy Priesthood gives name as John Russel Clark. oradined a ~~priest~~ Deacon. on Feb. 4, 1934. Born Sept. 9, 1919. Was Baptized Aug. 4, 1928. Viewed by V. S.

263-104-016 -453

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72925

County of Cassia

City of Oakley

No. / St.

Registration District No. 120

File No. XXI

Primary Registration District No. 219

Registered No. 37

Hospital

FULL NAME OF CHILD Koch Leslie Charles Koch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Sept 4 19

FATHER		MOTHER	
FULL NAME	Leslie Koch	FULL MAIDEN NAME	Claire DeLee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 10 19 19

[illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif } ss.
County of Santa Cruz

Certificate No. 72925

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Koch (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1919 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leslie Charles Koch

Subscribed and sworn to before me this 24th day of July 1967

Frances B. Dubel

Notary Public, residing at 2680 Lode St., Santa Cruz

My commission expires July 5, 1970

(Seal)

Signed X Leslie C Koch (Father)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of SALT LAKE

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of July, 1967

Orson Foulger

Notary Public, residing at SALT LAKE CITY, UT

My commission expires APRIL 12, 1971

(Seal)

Signed X Zethen Koch (Aunt)

(Signature of Any Credible Person)

150 E. South Temple St. Salt Lake City Utah

(Street Address, City, State)

FORM DH 60-155 CL 3-27-63. nm

Salt Lake City High School Diploma, June 5, 1936 gives full name as Leslie Charles Koch - viewed by V.S.

DEC 21 1967

Military Record, Separation Certificate of Service, Oct. 27, 1946 gives full name as Leslie C Koch, born Sept. 4, 1919 at Oakley, Idaho - viewed by V.S.

H.H. ok'd correction of full name to be added as Leslie Charles Koch -

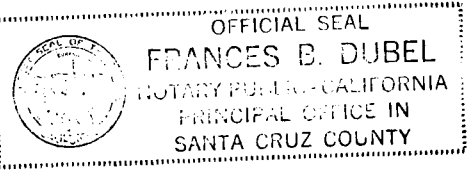
STATE OF CALIFORNIA, *County of* Santa Cruz } ss.

ON July 24th, , 19 67 , *before me, the undersigned a Notary Public in and for the State of California with principal office in the County of* Santa Cruz , *personally appeared*

Leslie C. Koch

known to me to be the person whose name is

subscribed to the within Instrument, and acknowledged to me that he *executed the same. WITNESS my hand and official seal.*



SIGNATURE OF NOTARY: Frances B. Dubel

NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA

FRANCES B. DUBEL, NOTARY PUBLIC

MY COMMISSION EXPIRES JULY 5, 1970

IN AND FOR THE COUNTY OF SANTA CRUZ

STATE OF CALIFORNIA

NOTARY'S NAME AND COMMISSION EXPIRATION DATE PRINTED

463-201-016-538

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72926

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX/

Primary Registration District No. 2199

Registered No. 35

FULL NAME OF CHILD GERALDINE MAY Molyneaux

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Sept 1 1919

FATHER		MOTHER	
FULL NAME	Alma Ray Molyneaux	FULL MAIDEN NAME	Mary Elquist
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Oct 10 1919 A. F. O. Nielson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 72926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed Molineaux (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 1 Sep. 1919 (DATE OF EVENT)
in Oakley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Molineaux	Geraldine May Molyneux
father's name	Ray Molineaux	Alma Ray Molineaux

Subscribed and sworn to before me this 6
day of April, 19 42.
Notary Public, residing at Burley
My commission expires June 1, 1942
(SEAL)

Signed Alpha Molyneux
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of April, 19 42.
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942
(SEAL)

Signed Herbert Cook
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
225 N. Hansen Burley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

239-224-016-433

County of .....

City of Oakley

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72927

Registration District No. 120 File No. XXX

Primary Registration District No. 2199 Registered No. 45

FULL NAME OF CHILD Mildred Edwina Stringfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 24 1919

FATHER

FULL NAME Frederick Simpson Stringfield

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Nebraska

OCCUPATION Station agent O.S.L. Ry

MOTHER

FULL MAIDEN NAME Ora Marion McCullough

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Oakley, Idaho

Filed Oct 16 19 19 H. W. Wilson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1973

DECEASED

866-101-016-255

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

FULL NAME OF CHILD Floyd Severe Hawkins

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 14-C—Mm.6-6-17

72928

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 34

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Sept. 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seth T. Hawkins	FULL MAIDEN NAME	Verna Severe
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Stock raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley, Idaho

Filed Oct 10 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

I, Seth T. Hawkins, do swear that on September 1, 1919 a son was born by my wife, Verna S. Hawkins; that birth certificate is on file with the State of Idaho; that said birth certificate does not show name of the child; and furthermore that name of this child is Floyd S. Hawkins. (Severe)

Seth T. Hawkins

STATE OF IDAHO
SS:
COUNTY OF ADA

Sworn to and subscribed by Seth T. Hawkins before me this 10th day of July, 1941.

Peter Scheer
Notary Public for Idaho residing
at Boise, Idaho

My commission expires January 13, 1945.

7-11-41

MAY 11 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-228-016-319

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72929

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 120

Primary Registration District No. 2199

File No. XX

Registered No. 48

FULL NAME OF CHILD Opal Erlene Croft

Sex of Child Female

Twin Triplet or other? / and Number in order of birth /
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 28 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marvin Merritt Croft	FULL MAIDEN NAME	Eva Larson
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Lewis, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Registrar

Filed Oct 10 1919

[signature]

Registrar

Photo Copy of L.D.S. Church Cert. of Blessing, July 4, 1920 givesfull name as Opal Erlene Crofts, daughter of Marvin Crofts and Eva Larson, born Sept. 28, 1919 at Marion, Idaho - Cassia Co. - viewed by VS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 23 1963

State of Idaho
County of Twin Falls } ss.

Certificate No. 72929

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Croft (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1919 (Date of Event)
in Marion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on July 4. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Opal Erlene Crofts

Subscribed and sworn to before me this 14th day of September, 1963

Notary Public, residing at Twin Falls, Idaho
My commission expires Nov. 4 1963
(Seal)

Signed Mrs Gala Montgomery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 Van Buren St Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-5-63. nm

Own Child's Birth Cert. on file: (Idaho Birth) #255374 gives full maiden name of mother as Opal Arlene Croft - viewed by V.S.

SEP 24 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72930

County of [redacted]

City of Cottonwood

No. 719-124-016-689 St.

Registration District No. 122

File No. XXI

Primary Registration District No. 2199

Registered No. 46

Hospital

FULL NAME OF CHILD Charles Ira Parkinson

Sex of Child Male

Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Henry Parkinson	FULL MAIDEN NAME	Ida Jane Whiteaker
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Oakley, Idaho

19

Registrar

Filed Oct 10 1919

A. H. Wheelon

Registrar

OCT 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 72930

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Charles Ira Parkinson who born on Sept. 24, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by mother prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Charles Ira Parkinson
Date	Sept. 24th	Sept. 24, 1919
Mother's name	Whittaker Wrong	Whiteaker

Subscribed and sworn to before me this 17th day of Aug., 1942

Notary Public, residing at Seattle

My commission expires Mar. 29, 1946
(Seal)

Signed Ida Parkinson Bromley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2017- So. 154th St. Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of August, 1942

Notary Public, residing at Oakley, Idaho

My commission expires
(Seal)

O. J. Larson
Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Signed Mrs Charles Baugar
(Signature of Any Credible Person Other Than Previous Year)

Oakley Idaho
(Street Address, City, State)

OCT 2 7 19

693-202-016-497

PLACE OF BIRTH

County of Cassia

City of Near Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 15-C—Rev. 6-17

7293

Registration District No. 120

File No. XX

Primary Registration District No. 249

Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-		-	Yes	Sept. 2 1919

FATHER

FULL NAME: Forest Lee Nickerson

RESIDENCE: Oakley, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mabel Ethel Mix

RESIDENCE: Oakley, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 A. M. on the date above stated.

(Signature) Jesse L. Parsons, M.D.

(Physician or midwife)

Address Oakley, Idaho

Filed Oct 10 1919 — W. H. Nielson, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1975

318-107-016-862

Form V. S. No. 11-C—25m-9-8-17

[redacted] IDAHO
[redacted]AL STATISTICS

CERTIFICATE OF BIRTH

72932

PLACE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 38

FULL NAME OF CHILD Edgar Arthur Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Taylor	FULL MAIDEN NAME	Gertrude Louisa Gost
RESIDENCE	Almo, Idaho	RESIDENCE	Almo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Centerville, Utah	BIRTHPLACE	Gost, Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) Alive at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Annie Green

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mrs Annie Green

Filed Oct 10 1919

Almo Idaho
Registrar

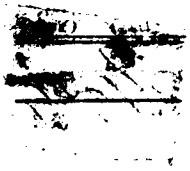
A. H. Johnson Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

743-212-026-168

72934

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72934

PLACE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 193

Hospital

FULL NAME OF CHILD

Sex of Child Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 12 (Day) 1919 (Year)

FATHER

FULL NAME George Pulsipher

RESIDENCE Menan

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Lola Johnson

RESIDENCE Menan

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Menan

Filed Oct 10 19 19

Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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331-112-026-962

Amended 9/5/79

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **72935**

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. .....

Registered No. 191

FULL NAME OF CHILD Kenneth Duane Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		[illegible]	10 12 1919

FATHER		MOTHER	
FULL NAME	Charles A. Clark	FULL MAIDEN NAME	Phoebe Rose
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

Physician ~~Menan~~ (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan.

Filed Oct 10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-112-026-962

Amended 9/5/79

Form v. 2. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 27 12 58 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72935

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Clark (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 12, 1919 (Date of Event)

in Annis, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Kenneth Duane Clark

Subscribed and sworn to before me this 25th day of May, 1979

Marguerite K. Phipps

Notary Public, residing at Lima

My commission expires June 26, 1981

(Seal)

Signed Lily R. Brown

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1979

Marguerite K. Phipps

Notary Public, residing at Lima

My commission expires June 26, 1981

(Seal)

Signed Edna R. Mihelish

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Form DM-60-186

CL 8/21/78

Notification of Birth registratin from Idaho gives nameas Wade Eugene Clark
son of Kenneth Duane Clark and Marcie Lydia Blackburn. born 401299
don born Jan 23 1945 at Pocatello Idaho. ~~maxx~~ viewd by V. S.

SEP 5 1979

Social Secuirty card no. 517-091936 gives name as Kenneth Duane Clark.
datd Sept 13 1937. viewed by V. S.

316-107-026-465

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

72936

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 192

FULL NAME OF CHILD Lyle Lawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 7 1919

FATHER	MOTHER
FULL NAME: Frank P. Lawson.	FULL MAIDEN NAME: Charlotte V. Montague
RESIDENCE: Menan	RESIDENCE: Menan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11" P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas S Moody

Physician (Physician or midwife)

Address Menan

Filed Oct 10 1919 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. 312-223-026-318 St.

Hospital

Form V. S. No. 11—25m-6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72939

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 180

Full Name of Child Verda Casper

SEX OF CHILD: ~~Male~~ Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes. | DATE OF BIRTH July 23 (Month) (Day) 19 (Year)

FATHER

FULL NAME M. C. Casper

RESIDENCE Garfield

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel Taylor

RESIDENCE Garfield

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or ~~stillborn~~), at 7.0 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19..... Address Rigby

..... Registrar Filed 10/10 1919 Ray H. Fisher Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 4 3 21 PM '73

State of IDAHO
County of BANNOCK } ss.

Certificate No. 72939

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Casper (female) (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1919 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Verda Casper

Subscribed and sworn to before me this 16th day of November, 1973

K. G. Mollerup

Notary Public, residing at Pocatello, Idaho.

My commission expires Feb. 4, 1978/4/75

(Seal)

K. G. Mollerup, Notary Public
Residing at Pocatello, Idaho

Signed Mabel I. Casper Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1104 North Hayes Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of November, 1973

K. G. Mollerup

Notary Public, residing at Pocatello, Idaho

My commission expires 2/4/75

(Seal)

K. G. Mollerup, Notary Public
Residing at Pocatello, Idaho

Signed Donald L. England
(Signature of Any Credible Person)

1147 North Hayes Pocatello, Idaho.
(Street Address, City, State)

CL 10/23/73nm

Certificate of Baptism and Confirmation from the LDS Church gives name as Verda Casper daughter of Myron Casper and Mabel Taylor. Born July 23, 1919. Was Baptized Aug. 27, 1927. Viewed by V. S.

DEC 20 1973

Temple Recomend from the LDS Church gives name as Verda Casper Smout. born July 23, 1919. date issued 5/25/58. Viewed by V. S.

465-127-026-318

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72040

Registration District No. 99 File No. .....

Primary Registration District No. 2116 Registered No. 181

Full Name of Child .....

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July 27 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Dove	FULL MAIDEN NAME	Maud Taylor
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born (Born ~~alive~~ or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 10/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

696-212-026-219

PLACE OF BIRTH

County of Jefferson

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-[illegible]

72941

Registration District No. 78 File No. _____

Primary Registration District No. 2176 Registered No. 182

Full Name of Child Juanita Fife

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F				yes.	Aug 12 19 12

FATHER

FULL NAME Seth Fife

RESIDENCE Idaho Falls #5

COLOR white AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Baron

RESIDENCE Idaho Falls #5

COLOR white AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/10 19 19 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—Modified

Own Child's Birth Cert. on file: (Idaho Birth) #3607 gives full maiden name of mother as Juanita Fife - viewed by V.S. L.D.S. Church Cert. of Blessing, Sept. 7, 1919 gives full name of child as Juanita Fife, daughter of Seth Fife and Mary Ellen Barron, born August 12, 1919 at Grant, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72941

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Fife (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 12, 1919 (Date of Event) in Idaho Falls, Idaho - Rt. #5 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Juanita Fife

Subscribed and sworn to before me this 27 day of Jan., 1962

Hugh C. Bingham

Notary Public, residing at Murray Utah

My commission expires Mar. 22-62

(Seal)

Signed Mary Ellen Fife

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of Jan., 1962

Hugh C. Bingham

Notary Public, residing at Murray Utah

My commission expires Mar. 22-1962

(Seal)

Signed Reta M. F. Mauchley

(Signature of Any Credible Person)

152 W. 6235 So. Murray Utah

(Street Address, City, State)

FORM DH 60-155

CL 1-23-62. one copy pd. rec. #5969.

FEB 2 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted]

County of Jeffe[redacted]

City of Rig[redacted]

313-119-026-3069

No. _____ St.

Hospital _____

[redacted] CATE OF [redacted] 72942

Registration District No. 18

File No. _____

Primary Registration District No. 2176

Registered No. 183

Full Name of Child Wendell Cordon Later

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Laurence Lateriater	FULL MAIDEN NAME	Mabel Cordon
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 11:20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Rigby

Filed 10/10 1919 Ray H Fisher

Registrar

JAN 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] OF BIRTH

Form V. S. No. [illegible]

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72943

County of Jefferson

City of Menan

No. 356-229-026-819 St.

Hospital

Registration District No. 98

Primary Registration District No. 2176

File No.

Registered No. 184

Full Name of Child LaVAE LEWIS

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH: Aug (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wilford Lewis	FULL MAIDEN NAME	Myrtle Harrop
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 10/10/19 Ray H Fisher

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

dup of 1919-76218

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 12943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for LaVae Lewis (Name on Original Certificate) who was born (Was Born or Died) on Aug. 29, 1919 (Date of Event)

in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	LaVae Lewis

Subscribed and sworn to before me this 25th day of June, 19 42

George M. Lawson

Notary Public, residing at Menan, Idaho

My commission expires Dec. 12, 1943

(Seal)

Signed Wilford John Lewis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Menan, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 19 42

George M. Lawson

Notary Public, residing at Menan, Idaho

My commission expires Dec. 12, 1943

(Seal)

Signed Edward J. Lewis

(Signature of Any Credible Person Other Than Previous Year)

Menan Idaho

(Street Address, City, State)

JUN 29 1942

469-201-024-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby #3

No. _____ St.

Hospital _____

name added 7/3/80

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 72944

Primary Registration District No. 2176

Registered No. 185

Full Name of Child Narva Jane Morgan

SEX OF CHILD: F

Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes.

DATE OF BIRTH: 9 (Month) / 1 (Day) / 19 12 (Year)

FATHER

FULL NAME: Eldon Morgan

RESIDENCE: Rigby

COLOR: white

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Jessie Lords.

RESIDENCE: Rigby

COLOR: white

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 5:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Palmer

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/10 19 19 Ray H Fisher

Registrar

5-9-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS JUN 17 3 21 PM '80

State of Idaho
County of Jefferson } ss.

Certificate No. 72944
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Morgan (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 1, 1919 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Narva Jane Morgan

Subscribed and sworn to before me this 5th day of June, 1980.

Notary Public, R. Devore Sanderson
Residing at Idaho Falls, Idaho 83401
My commission expires July 16, 1980
(Seal)

X Zelda Jardine
Signature of Applicant

Rt #6 Box 190 Idaho Falls Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Membership record from the LDS Church gives name as Narva Jane Hall born Sept 1, 1919 at Ririe, Idaho. father's name as Eldon Clive Morgan and mother's name as Phoebe Jane Lords. Blessed 1919, Baptized Dec 3, 1927. viewed by V. S.

JUL 3 1980

Marriage record from Idaho gives names as James Edward Hall and Narva Jane Morgan. dated Sept 1, 1939. viewed by V. S.

154-228-026-318

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. Named added 7/21/81

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH 72945

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 187

Full Name of Child Edna Jane Anderson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes.	9 28 19

FATHER		MOTHER	
FULL NAME	Lafey Anderson	FULL MAIDEN NAME	Ellen Taylor
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born, at 8:30a M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rigby

Filed 10/10 19 29 Daryl H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1981

AUG 4 1981

12-29-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 30 9 49 AM '81

State of Idaho
County of Bonneville } ss.

Certificate No. 72945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-28-19 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Edna Jane Anderson

Subscribed and sworn to before me this 26th day of January, 1981.
Notary Public, Pauline B. Stirling
Residing at Idaho Falls, Idaho
My commission expires Life term
(Seal)

Edna Jane Anderson Harris
Signature of Applicant
375 1/2 J. St. Idaho Falls Id. 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Bonneville } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1981.
Notary Public, Pauline B. Stirling
Residing at Idaho Falls, Idaho
My commission expires Life term
(Seal)

Mrs Luther Anderson
Supporting Signature
365 E. 2nd N. Rigby Idaho 83442
Street Address, City, State

2 cc pd

Membership record of the L.D.S Church gives name as Edna Jane Anderson born Sept 28, 1919 in Clark, Idaho. Father's name as Lafayette Anderson & mother's name as Elizabeth Ellen Taylor. viewed by V.S.

Certificate of Blessing gives name as Edna Jane Anderson daughter of Lafayette Anderson and Elizabeth Ellen Taylor born September 28, 1919, at Clark, Idaho. Blessed August 1, 1926, in L.D.S.Church

Certificate of Baptsm and Confirmation gives name as Edna Jane Anderson daughter of LaFayette Anderson and Elizabeth Ellen Taylor born Sept. 28, 1919, at Clark Idaho. Baptized Feb. 1, 1930.
Viewed by V.S.

819-101-026-766

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72946

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 188

Full Name of Child .....

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: 10 (Month) 1 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: G L. Hart	FULL MAIDEN NAME: Emily Poole
RESIDENCE: Menan	RESIDENCE: Menan
COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:35a M on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 10/10 19 19 Ray H. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-111-026-156

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72947

Registration District No. 78 File No. .....

Primary Registration District No. 2176 Registered No. 189

Full Name of Child .....

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.			yes	10 11 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma Peterson	Mabel Jeffs
RESIDENCE	Rigby	Rigby
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 37	white / 28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born, at 11 P. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/10/19 Kay H. Fisher

Registrar

AUG 1 9 1974

556-225-026-495

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72948

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 190

Full Name of Child Viola Newman

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F		yes	Sept 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Wm Newman	FULL MAIDEN NAME	Bertha M Ureck
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary G. Stoddard

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Registrar

Address Rigby Ida R1

Filed Oct 10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUL 10 12 PM '78

State of ..... } ss.
County of ..... }

Certificate No. 72948

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Newman (female) (Name on Original Certificate) who was born (Was Born or Died) on Sep.25,1919 (Date of Event)
in Garfield, Idaho (Jefferson) (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Viola Newman

Subscribed and sworn to before me this 10th day of July, 19 78

Florence Kurtright
Notary Public, residing at Boise
My commission expires (Lifetime)
(Seal)

Signed Loretta Dilsworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

506 E. 52nd Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

6-26-78

Certificate of Blessing gives name as Viola Newman daughter of Thomas W. Newman and Bertha M. Urich born Sept. 25, 1919 at Garfield, Jefferson, Idaho. and blessed November 2, 1919 in L.D.S.Church.
Viewed by V.S.

Certificate of Marriage issued by the State of Utah county of Salt Lake gives name as Viola Newman married to Marold Joseph Dilworth on February 2, 1938.
Viewed by V.S.

157-119-036-813

PLACE OF BIRTH

County of Jefferson

City of Labell

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72949

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 179

Full Name of Child Walter Merle Anglesey

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: July (Month) 19 (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Roslyn Anglesey	FULL MAIDEN NAME	Alice Hall
RESIDENCE	Le Bell	RESIDENCE	Le Bell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 10/10 19 19 Ralph Fisher

Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and remember of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 72949

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Walter Merle Anglesey who Born on July 9, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in La Belle, Jefferson Co. Ida. are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Walter Merle Anglesey

Subscribed and sworn to before me this 18th day of January, 1944

G. A. Baker

Notary Public, residing at Los Angeles, Calif.

My commission expires June 25, 1945
(Seal)

G. A. BAKER
NOTARY PUBLIC in and for the County of Los Angeles, State of California.
My Commission Expires June 25, 1945

Signed Walter James Anglesey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

26, OF 5-2nd St. Huntington Park Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 27 1944

PLACE OF BIRTH

County of Jefferson

City of Rigby

415-219-026-415 No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-

CERTIFICATE OF BIRTH

72950

Registration District No. 98

File No. ____

Primary Registration District No. 2176

Registered No. 178

Full Name of Child VERNA AMELDIA DAVIS

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes.	July 19 19

FATHER		MOTHER	
FULL NAME	Vernon J. Davis	FULL MAIDEN NAME	Viola Daniels
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born, at 4:30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rigby

Filed 10/10 1919 J Ray Fisher

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72950

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Verna Ameldia Davis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 19, 1919 (DATE OF EVENT)
in Rigby, Idaho (PLACE OF EVENT) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by her mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Verna Ameldia Davis
Verna Ameldia Davis		

Subscribed and sworn to before me this 10
day of December, 1942.

Notary Public, residing at Residing at Potlatch, Idaho

My commission expires NOTARY PUBLIC residing at Potlatch, Idaho My commission expires December 10, 1943
(SEAL)

Signed Viola Daniels Davis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Princeton, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 14 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gleason

City of Rigby

No. 577-215-026-499 St.

Hospital

Registration District No. 98

Primary Registration District No. 2176

Form [illegible]

[illegible]

CERTIFICATE OF BIRTH

File No. 72951

Registered No. 177

Full Name of Child Elsie Louise Eggers

SEX OF CHILD F.	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH July 15 [illegible]

FATHER		MOTHER	
FULL NAME	Erick Eggers	FULL MAIDEN NAME	Mary Dirks
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born (Born alive or ~~stillborn~~), at 6:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Rigby

Registrar

Filed 10/10 1919 Roy H. Fish Registrar

JAN 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rupert

366-118-026-316

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72952

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 176

Full Name of Child Clarence M. Lowder

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	7/18/19

	FATHER	MOTHER
FULL NAME	Shelby P Lowder	FULL MAIDEN NAME Alma Lawson
RESIDENCE	Rupert	RESIDENCE Rupert
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Utah
OCCUPATION	Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T. Price

(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 10/10 19 19 Raymond Fisher Registrar

Form V. S. No. 11—25m-6-2548

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 72959

Registered No. 170

OF
TH
(Month)
ER

AGE AT LAST
BIRTHDAY

PLACE OF BIRTH

County of

City of

433-108-026-862

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72953

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

Registration District No. 78

File No. _____

Primary Registration District No. 2176

Registered No. 175

Full Name of Child Howard McCorkle

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lafayette McCorkle	FULL MAIDEN NAME	Carrie Yost
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Ririe

Filed 10/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUn 9 1969

JAN 1 9 1944

462-208-026-366

PLACE OF BIRTH

County of Jefferson

City of Rurie

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72954

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 174

Full Name of Child Thelda Moss

SEX OF CHILD	If twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	July 8 1919

FATHER		MOTHER	
FULL NAME	H. J. Moss	FULL MAIDEN NAME	Nora E Cook
RESIDENCE	Rurie	RESIDENCE	Rurie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Rurie

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 10/10 19 19 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1916-27537

Named from card 4/21/43

APR 21 1943

795-101-026-493

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72955

Registration District No. 98

File No. ____

Primary Registration District No. 2176

Registered No. 157

Full Name of Child Mark Pierce

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Sept 1 19

FATHER

FULL NAME Ezekiel L. Pierce

RESIDENCE Menan

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary L. Mitchell

RESIDENCE Menan

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Moody

(Physician or midwife)

Address Menan, Idaho

Given names added from a supplemental report

....19....

....
Registrar

Filed Oct 10 1919 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 18 4 40 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 72955

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Pierce (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1919 (Date of Event)

in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mark Lee Pierce

Subscribed and sworn to before me this 8 day of February, 1974

Leon Tinell

Notary Public, residing at Pocatello,

My commission expires 7-11-77

(Seal)

Signed Ruth Pierce Brown (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 2/5/74

Marriage Certificate on file with the state of Idaho gives name of groom as Mark Pierce married to Wilma Cope on May 13, 1953. State file # 53-2356.
Viewed by V.S.

MAR 18 1974

Public School Diploma issued by Jefferson County, Stae Of Idaho to Mark Pierce of Dist. # 49. J. W. Condie, State Superintendent of Public Instruction. Graduated May 8,1936.
Viewed by V.S.

719-228-026-813

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Jefferson Amended 10/14/75

City of R. F. D. Menan

CERTIFICATE OF BIRTH

72956

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 158

Hospital

Full Name of Child Sadie Jane Park

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug 28 19 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel H. Park	FULL MAIDEN NAME	Maud L. Hall
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report

19

Address Menan, Idaho

Registrar

Filed Oct 10 19 19 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 6 10 15 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72956

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Parks (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 28, 1919 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sadie Jane Serepta Park
sex of child	M	Female

Subscribed and sworn to before me this 29 day of September, 1975

Notary Public, residing at Salt Lake City
My commission expires Oct. 26, 1979
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3454 Loren Van Ee SLC Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of September, 1975

Notary Public, residing at Salt Lake County
My commission expires 6-29-79
(Seal)

Signed Joseph Keith Park (Signature of Any Credible Person)

2962 Monnyside Dr Salt Lake City Utah (Street Address, City, State)

FORM DH 60-155 CL 9/24/75

OCT 15 1975

Membership record from LDS Church gives name as Sadie Jane Senepta Groout born Aug. 28, 1919 at Annis, Idaho. Father's name given as Samuel Harvey Park and mother's name as Lucy Maud Hall. Blessed Nov. 23, 1919 and Baptizied July 2, 1932 viewed by V. S.

Cwn child' birth certif from Idaho Falls LDS Hospital gives child's name as Mamie Joan Groot born April 3, 1941, father's name given as Cornelius Gottfred Groot and mother's maiden name as Sadie Parl. viewed by V. S.

Producers Life Ins. Co gives name as Sadie J. Groout born 8-28-19. Policy No. L-27, 154. dated Oct. 8, 1963. viewed by V. S.

365-116-026-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rurie

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72957

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 173

Full Name of Child Geo. Lloyd Lovell

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	yes

DATE OF BIRTH 8 / 15 / 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. H. Lovell	FULL MAIDEN NAME	Harriet R. Borrowman
RESIDENCE	Rurie	RESIDENCE	Rurie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Address Rurie

Given names added from a supplemental report

....19....

Filed 10/19 19 19 Ray H. Fisher

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 72957

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Aug. 15th	August 16, 1919

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs Geo H Lovell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of December, 1942

Paul A. Dixon
Notary Public, residing at Rice Idaho

My commission expires October 15 1946
(Seal)

Signed Grover Mobley
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

K

APR 21 1972

218-105-026-622

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 72958

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 172

Full Name of Child Vernal Delbert Kay

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	May 3 19

FATHER

FULL NAME: Fred H. Kay

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Florida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Louise Osborne

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

..... 19....

Registrar

Filed Oct 10 19 19 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each child the number of each, in order of birth stated.

APR 28 1944

DECEASED

339-201-026-363

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 72959

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 171

Full Name of Child ____

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	Yes
DATE OF BIRTH	7 / 1 / 19 (Month) (Day) (Year)				

FATHER		MOTHER	
FULL NAME	Wallace Clifford	FULL MAIDEN NAME	Anna Cole
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 10/10/19 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

337-218-026-295

PLACE OF BIRTH Amended 11/21/75

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72960

County of Jefferson

City of Ririe

No. ____ St.

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 176

Hospital ____

Full Name of Child Marcelene K. Clark

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: April 19 (Month) (Day) 19 (Year)	

FATHER

FULL NAME: John G. Clark

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Hilda Kreiger

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Mo.

OCCUPATION: house wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 10/10 19 19 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 14 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS NOV 18 12 14 PM '75

State of Idaho } ss.
County of Power

Certificate No. 72960

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Marcella K. Clark (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1919 (Date of Event)

in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Marcella	Marcelene
Date of birth	July 6, 1919	April 18, 1919

Subscribed and sworn to before me this 10th day of November, 1975

Marlene Henery

Notary Public, residing at American Falls

My commission expires 5-17-79

(Seal)

Signed John G. Clark (father)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, American Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 10th day of November, 1975

Marlene Henery

Notary Public, residing at American Falls, Idaho

My commission expires 5-17-79

(Seal)

Signed Alene Meadows (sister)

(Signature of Any Credible Person)

Rt. 1. American Falls, Idaho

(Street Address, City, State)

FORM DH 60-155

Correction corresp. (C) 10-31-75 fc

1cp.pd. # 12758

Dirver's license from Oregon gives names Marcellene Ellsworth of Pasco, Wash. expires 4-18-1963 born 4-18-1919. viewed by V. S.

NOV 2 5 1975

Insurance policy from Safeco Life Ins gives name as Marcellen Ellsworth date Jan 13, 1967. Policy No. 76565. Born April 18, 1919 viewed by V. S.

PLACE OF BIRTH

43-202-0[illegible]-1355

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Spring Lake

No. ____ St.

Registration District No. 98 File No. 72961

Primary Registration District No. 2176 Registered No. 169

Hospital ____

Full Name of Child Florence Virginia

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	7 / 2 / 19

	FATHER	MOTHER
FULL NAME	Edwin Thor Miller	FULL MAIDEN NAME Mary Ann Lee
RESIDENCE	Spring Lake	RESIDENCE Same
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5 15 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report

....., 19....

Filed 10/10 19 19 Ray H. Fisher
Registrar

....., Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1976

dup-of-1919-906664

168-103-026-293

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. 72962

Primary Registration District No. 2176

Registered No. 168

Full Name of Child Galen C. Johnson

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kinney L. Johnson	FULL MAIDEN NAME	Victoria Kite
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 11 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 10/10 1919 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Affidavit. (Correction on Birth Certificate)

County Of Los Angeles) SS.
State Of California)

I, Mrs Victoria Johnson, mother of Galen C. Johnson hereby certify my age at his birth was 36 years and the age of my husband, Kinney L. Johnson was 34 years.

My husbands name is Kinney L. Johnson.

Victoria Johnson

Subscribed and Sworn to before me this 16th day of June 1941

Willetta Innes

Notary Public in and for the County of Los Angeles, State of California

My Commission Expires September 6, 1941

529-105-026-466

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72963

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 167

Full Name of Child Elmer Ted Ekin

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		Yes	Oct 5 1919

FATHER		MOTHER	
FULL NAME	Harry Ekin	FULL MAIDEN NAME	Vera Moore
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Rigby

Filed 10/10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-107-026-296

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72964

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. .....

Registered No. 166

Full Name of Child DAVID BROWN HANDY

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David E. Handy	FULL MAIDEN NAME	Zina Brown
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby Idaho

Filed 10/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

MAY 5 1943

Certificate No. 72964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on October 1, 1919 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Blessing record (Bible Record, Insurance Policy, Etc.) prepared on December 7, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	David Brown Handy

Subscribed and sworn to before me this 3rd day of May, 1943

Dean H. Brown

Notary Public, residing at Ogden Utah

My commission expires June 24. 1945

(Seal)

Signed David E. Handy

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

748-25th Ogden, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1943

Dean H. Brown

Notary Public, residing at Ogden Utah

My commission expires June 24-1945

(Seal)

Signed Geo. A. Seaman Jr

(Signature of Any Credible Person Other Than Previous Year)

3003 Harrison Blvd Ogden Utah

(Street Address, City, State)

MAY 1 1 1943

845-109-026-296

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

CERTIFICATE OF BIRTH 72965

Registration District No. 98 File No. ____

Primary Registration District No. 5176 Registered No. 165

Full Name of Child Thomas Wallace Hunter

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male		yes	Aug 9 1919

FATHER	MOTHER
FULL NAME Edward Hunter	FULL MAIDEN NAME Lettie Brown
RESIDENCE Rigby Ida.	RESIDENCE Rigby
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Stock and farming	OCCUPATION housework

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:05 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Paxton M.D.
(Physician or midwife)

Address Rigby Ida

Filed 10/10 1919 Rayth Fisher
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1914

845-104-026 - 253 name added 10/23/80

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72966

County of Jefferson

City of Rigby Ward

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. .....

Registered No. 164

Full Name of Child Walter Clarence Hunter

SEX OF CHILD: male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Aug. 4 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Clarence B. Hunter	FULL MAIDEN NAME: Rachel Beckstrand
RESIDENCE: Rigby Ward	RESIDENCE: Rigby Ward
COLOR: white AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: white AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 2" Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Paxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby Ida

Filed 10/10 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9-5-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 26 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 72966
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Hunter (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 4, 1919 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Walter Clarence Hunter

Subscribed and sworn to before me this 23rd day of September, 19 80

Notary Public, Vickie Rice

Residing at Pocatello

My commission expires 7/1/81

(Seal)

Walter C Hunter
Signature of Applicant

750 E. Bonneville Pocatello Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Membership record from the LDS Church gives nameas Walter Clarence Hunter born Aug 4, 1919. in Rigby, Idaho. Father's nameas Clarence Bingham Hunter and Rachel C. Beckstrand. [illegible] Blessed Oct 7, 1919 and Baptized Aug 14, 1927. viewed by V. S.

OCT 23 1986

HONOrable [illegible] Discharge fromt he US Army gives nameas Walter C. Hunter born Aug 4, 1919 at Rigby,Idaho. date of Separation Nov 2, 1945. viewed by V. S.

362-222
026-466

PLACE OF BIRTH

County of Jefferson

City of Garfield Ward

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

72967

Registration District No. 98

File No. _____

Primary Registration District No. 2176

Registered No. 16

Full Name of Child _____

SEX OF CHILD: Female — Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH: July 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. H. Cobley	FULL MAIDEN NAME	Eunice Moon
RESIDENCE	Garfield Ward	RESIDENCE	Garfield Ward
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rigby Ida

Registrar

Filed 10/10/1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

Registered No.

DATE OF BIRTH

MOTHER

AGE AT LAST BIRTHDAY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and th of each, in order of birth stated.

[redacted]RTH

[redacted]ferson

City of Lewisville

813-102-026-795

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11—25m-6-15-18

CERTIFICATE OF [redacted]

Registration District No. 98

File No. 72968

Primary Registration District No. 2176

Registered No. 162

Full Name of Child ~~Roland~~ THOMAS ~~Thomas~~ KEITH Hatt

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Aug 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederic John Hatt	FULL MAIDEN NAME	Clara Pinney
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mabel C. Link

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Registrar

Address Ucon, Idaho

Filed 10/10 1919 Ray H Fisher

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Alameda } ss.

Certificate No. 72968

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Roland Thomas Watt (Name on Original Certificate) who was Born (Was Born or Died) on August 2nd 1919 (Date of Event)
in Lewisville, Jefferson Co. IDAHO (Place of Event) are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on June 8th, 1929. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Roland Thomas Watt	Thomas Keith Hatt

Subscribed and sworn to before me this 2nd day of July, 1942

Signed Fred J. Hatt.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Oakland Cal.

My commission expires Feb 4, 1946
(Seal)

1505 Jackson, St. Oakland, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1942

Signed Christa Hatt
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Oakland Calif

My commission expires Feb 4, 1946
(Seal)

1505 Jackson St.
Oakland, Calif
(Street Address, City, State)

1505 Jackson St.
Oakland, Calif.
June 22, 1942

Dept. of Public Health
Boise, Idaho.

JUN 25 1942

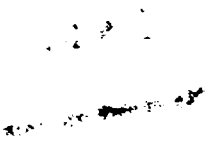
Dear Sirs:

I have been informed by my former wife that a registration of the birth of one Roland Thomas Watt born Aug 2, 1919 son of Frederick John Watt and Clara Pinneyat Lewisville, Idaho.

This is evidently an error on the part of the attending physicians.

This is evidently the registration of the birth of Thomas Keith Hatt son of Frederick John Hatt and Clara Pinney born Aug- 2 - 1919 around 5 P.M at Lewisville, Idaho. attending physicians were a man & wife both Doctors. (Drs. Link) christials or name I do not know. Dr. Jas. Melton at Nampa, Idaho was engaged for this birth but circumstances at that

AUG 2 1 1942



time were such that Drs. Link were taking care of Dr. Mellows practice at that time.

I would like to know who the attending physician was that attended the above birth of Roland Thomas Watt.

Thanking you for this information
I am sincerely

Fred J. Hatt
1505 Jackson St
Oakland
Calif.

P. S.: This is of vital importance as the collection of government insurance for the death of Thomas Keith Hatt U.S.M.C, makes it mandatory a birth certificate be produced.

Hatt

491-108-026-613

PLACE OF BIRTH

County of Jefferson

City of Labelle

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

72969

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 161

Full Name of Child ____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	9 / 8 / 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar B. Drake	Ora Walker
RESIDENCE	Labelle	Labelle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby Idaho

Filed 10 10 19 Ray H Fisher
Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

647-107-026-295

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72970

County of Jefferson

City of Rigby R.D.

No. ..... St.

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 160

Hospital .....

Full Name of Child Tunapa Fugisawa

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M				yes	9 / 7 / 19 19

FATHER		MOTHER	
FULL NAME	T. Fugisawa	FULL MAIDEN NAME	N Bingo
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby Idaho

Filed 10/10 1919 Ray H Fisher
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-237554

449-209-026-363

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-1

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 72971

Registered No. 159

Full Name of Child Afton Muir

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Sept 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milton D. Muir	FULL MAIDEN NAME	Clara Cottam
RESIDENCE	Menan R.D.	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Menan Idaho

Registrar

Filed 10/10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Utah }

Certificate No. 72971

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Afton Muir (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Sept. 9 1919 (Date of Event)
in Mesan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Muir	Afton Muir

Subscribed and sworn to before me this Seventh day of July 1945

Evan A. Shepherd
Notary Public, residing at Alpine Utah.
My commission expires November 16 1945
(Seal)

Signed Milton B. Muir
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Seventh day of July 1945

Evan A. Shepherd
Notary Public, residing at Alpine Utah.
My commission expires Nov. 16, 1945
(Seal)

Signed Warren V. Clark
(Signature of Any Credible Person)

Alpine Utah
(Street Address, City, State)

JUL 16 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Utah.

City of Potlatch

No. 851-127-029-533 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 72972

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Roderic Willson Hearn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Aug 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willson E. Hearn	FULL MAIDEN NAME	Viola P. Ellithorpe
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England	BIRTHPLACE	Nebraska
OCCUPATION	Railway Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 15 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address Potlatch Idaho

19

Filed Aug 30th 1919 Dr J. W. Thompson

Registrar Registrar

S-Y-CO. 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 10 1944

Rathdrum

6 5

JAN 4 1944

213-206-031-296

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72978

County of Lewis

City of Nezperce

Registration District No. 34

File No.

No. St.

Primary Registration District No.

Registered No. 2124

Hospital

FULL NAME OF CHILD Lucille Elizabeth Boldus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Herman Boldus	FULL MAIDEN NAME	Eleanor Maud Brown
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nezperce Ida	BIRTHPLACE	Portland Oregon
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 25 Number of children of this mother now living, including present birth 1 25

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Albert Huff
Registrar

Address Nezperce Idaho

Filed 10-27 1919 Albert Huff
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-217-031-133

PLACE OF BIRTH

[redacted]

m-9-8-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72974

County of Lewis

City of Nezperce — Registration District No. 34 — File No. 19

No. ____ St. — Primary Registration District No. ____ — Registered No. 2124

Hospital ____

FULL NAME OF CHILD Gladys Loretta Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 17 1919

	FATHER	MOTHER
FULL NAME	Mitchell Wilson	FULL MAIDEN NAME Dolly Allen
RESIDENCE	Nezperce Ida.	RESIDENCE Nezperce Ida.
COLOR	Red	COLOR Red
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Pendleton Oregon	BIRTHPLACE Myrtle Ida.
OCCUPATION	Farmer	OCCUPATION Home Duties

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. J. Gest

Nezperce Idaho (Physician or midwife)

Address ____

Given names added from a supplemental report.

....19.... — Albert Huff Registrar

Filed 10-27 1919 — Albert Huff Registrar

8-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

286-128-031-619

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72975

County of Lewis

City of Nezperce

Registration District No. 34

File No. 19

No. ..... St.

Primary Registration District No. .....

Registered No. 2124

Hospital .....

FULL NAME OF CHILD Stanley John Shoemaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 28 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Stanley Lawrence Shoemaker		Fredia Charlotte Warn
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Genfield Wash.	BIRTHPLACE	Germany
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 25

Number of children of this mother now living, including present birth 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Albert Huff
Registrar

Address Nezperce Idaho

Filed 10-27-19 19

Albert Huff
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 19

439-212-031-235

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72976

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 34 File No. 20

Primary Registration District No. ..... Registered No. 2124

FULL NAME OF CHILD Nelsie Etta Ulin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Washington Ulin	FULL MAIDEN NAME	Mayfred Stevenson
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Seattle Wash	BIRTHPLACE	Fair View Utah
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4 30 Alive (Born alive or stillborn) at 4 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Albert Huff
Registrar

Address Nezperce Idaho

Filed 10-15 1919 Albert Huff
Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No money

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG

STATE OF Washington)
) SS.
COUNTY OF Chelan)

AFFIDAVITS FOR CORRECTION OF A RECORD

72976

Maythel Ulin of Wenatchee

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of Nelcie Etta Ulin
if friend or otherwise, so state)

who was born in the city of Nezperce, County of Lewis
(was born, died)

on the 12 day of August, 19 19, as stated in a certificate of birth
birth or

NOV 0 3 1947

filed by John F. [illegible] Gist
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Nezperce, County of Lewis

Idaho, on the 15th day of October 19 19.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mother's Maiden Name: Maud Mathel Stevensen

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Mother's Maiden Name:

Maud Maythel Stevenson

(SEAL)

Affiant Maythel Ulin

Address 755 So. Chelan St., Wenatchee, Wa

Subscribed and sworn to before me this 24 day of July 19 40

Mary J Henderson
Notary Public

STATE OF Washington)
) SS.
COUNTY OF Chelan)

Mrs. Owen Goff of Wenatchee, Wash

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Mrs. Owen Goff

Address Rt. #2, Wenatchee

Subscribed and sworn to before me this 24 day of July 1940

Mary J Henderson
Notary Public

(Seal)

315-125-030-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

No. ..... St.

Hospital .....

Registration District No. 42

File No. 72977

Primary Registration District No. 2153

Registered No. .....

FULL NAME OF CHILD Glenn Verne Lansing

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug. (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver E. Lansing	FULL MAIDEN NAME	Rhoda M. Clark
RESIDENCE	Leadore, Idaho.	RESIDENCE	Leadore, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Lincoln, Nebraska.	BIRTHPLACE	Grand Island, Nebraska.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Leadore, Idaho.

Filed 10/15 1919

Geo F. Gunslay

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c/ 4/25/41. w.h.

STATE OF HAWAII

763-230-028-219

Form V. S. No. 11—25m-1-1-13

CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72978

County of Kootenai

City of Rathdrum

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2051

Registered No. 720

Hospital

FULL NAME OF CHILD Zola E. Poleson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Aug. 30. 1919

FATHER		MOTHER	
FULL NAME	William Joe Poleson	FULL MAIDEN NAME	Gertrude W. Barnes
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Ohio
OCCUPATION	R. R. Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wess

Physician (Physician or midwife)

Address Rathdrum, Ida

Given names added from a supplemental report.

19

Filed Sept 10 1919 W. D. Drinnan Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1968

384-128-028-713

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72979

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 30 File No. .....

Primary Registration District No. 2057 Registered No. 719

FULL NAME OF CHILD George Valentine Church

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Aug (Day) 28 (Year) 1919
male		yes	

FATHER		MOTHER	
FULL NAME	Valentine Church	FULL MAIDEN NAME	Florence S. Patterson
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Minn.
OCCUPATION	R.R. laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida.

Filed Sept 10 1919 D. D. Drummond Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1969

369-227-028-635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72980

County of Kootenai

City of Post Falls

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2051

Registered No. 718

Hospital

FULL NAME OF CHILD Beatrice Torkelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Aug 27 1919

FATHER	MOTHER
FULL NAME Arndt Torkelson	FULL MAIDEN NAME Hanna Olson
RESIDENCE Post Falls	RESIDENCE "
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway
OCCUPATION Day Labor Mill	OCCUPATION Hse.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman M. D.

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Sept. 10 19 19 D D Freeman
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

FEB 10 1972

142-213-028-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72981

Registration District No. 30 File No. .....

Primary Registration District No. 2051 Registered No. 717

FULL NAME OF CHILD Mildred Josephine Austine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Aug. 13 1919

FATHER

FULL NAME Hubert L. Austin

RESIDENCE Rathdrum, Ida.

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iowa

OCCUPATION R.R. Clerk.

MOTHER

FULL MAIDEN NAME Bernice L. Baker

RESIDENCE Rathdrum, Ida.

COLOR white AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Mann

Physician

(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Aug. 19 19

..... Registrar

..... Registrar

S-Y CO. 24656

MAY 2 0 1974

NOV 4 1953

753-206-028-719

Form V. S. No. 11-C—30m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72982

County of Kootenai

City of Coda

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2051

Registered No. 716

Hospital

FULL NAME OF CHILD ~~Margaret~~ MARGARET PHYLLIS Peters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			No	Aug 6 1919

FATHER

FULL NAME Elias Peters

RESIDENCE Spokane Wash

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Dakota

OCCUPATION Day Labor

MOTHER

FULL MAIDEN NAME Velma Parker

RESIDENCE Coeur d'Alene

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE N.Y.

OCCUPATION Labor & House work

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M D

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 10 19 19 D D Drennan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Kootenai } ss.

Certificate No. 72982

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Death~~ Birth
(Birth or Death)
for Margaret Phyllis Peters who Born on August 6 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Coeur D Alene are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy prepared on Aug. 19, 1929, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margrett E.	Margaret Phyllis Peters

Subscribed and sworn to before me this 3 day of July 1943.

Notary Public, residing at Tacoma

My commission expires April 1, 1945
(Seal)

Signed Velma B. Peters
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

4309 S. Kay St. Tacoma Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Pierce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of July 1943.

Notary Public, residing at Tacoma

My commission expires April 1, 1945
(Seal)

Signed Maude Parker (Grandmother)
(Signature of Any Credible Person Other Than Previous Year)

3570 E. Eye St. Tacoma Wash
(Street Address, City, State)

JUL 8 1943

331-126-028-284

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Granite

No. ..... St.

Hospital .....

Registration District No. 30 File No. 72983

Primary Registration District No. 2051 Registered No. 775

FULL NAME OF CHILD Archie Theodore Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Clark	FULL MAIDEN NAME	Marie Shuster
RESIDENCE	Near Granite	RESIDENCE	"
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Mich.
OCCUPATION	Farmer & Stockraiser	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was One (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Overman M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Oct. 10 1919 D. D. Overman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-101-028-552

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Bayview

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 72984

Primary Registration District No. 2351 Registered No. 724

FULL NAME OF CHILD Kenneth Gale Louther

Sex of Child male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sep. 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy C. Louther	FULL MAIDEN NAME	Leatha Vess
RESIDENCE	Bayview, Ida.	RESIDENCE	Bayview, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.00 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum Ida.

Filed Oct 10 1919 D D Drummond Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1944

613-113-028-693

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72986

County of Kootenai

City of Post Falls Registration District No. 30 File No.

No. St. Primary Registration District No. 2051 Registered No. 72

Hospital

FULL NAME OF CHILD George A. Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 13 1919

FATHER		MOTHER	
FULL NAME	Elsie Watson	FULL MAIDEN NAME	Minnie Wilson
RESIDENCE	Post Falls	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Musician Logger	OCCUPATION	Hse

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman MD

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Filed Oct 10 19 19 D D Freeman Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B., In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-101-028-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72987

County of Kootenai

City of Rathdrum

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 721

Hospital

FULL NAME OF CHILD Burton Laird Sanders

Sex of Child	Twin Triplet on other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept 1st 1919

FATHER		MOTHER	
FULL NAME	Claud B Sanders	FULL MAIDEN NAME	Millie Laird
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dak
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address C D W

Filed Oct 10 1919 D D Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 72987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Burton Laird Sanders (Name on Original Certificate) who born (Was Born or Died) on Sept 1, 1919. (Date of Event)
in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by statement of Mother (Bible Record, Insurance Policy, Etc.) prepared on May 14, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Sept. 14th	Sept. 1st, 1919

Subscribed and sworn to before me this 14
day of May, 1942.
A. H. Fulton
NOTARY PUBLIC
Notary Public, residing at Residing at Coeur d' Alene, Idaho
My commission expires My commission expires Feb. 17, 1946
(Seal)

Signed Mildred L. Sanders, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rathdrum, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of May, 1942.
A. H. Fulton
NOTARY PUBLIC
Notary Public, residing at Residing at Coeur d' Alene, Idaho
My commission expires My commission expires Feb. 17, 1946
(Seal)

Signed Sarah B. Wenz
~~Mildred L. Sanders~~
(Signature of Any Credible Person Other Than Previous Year)
Rathdrum, Idaho
(Street Address, City, State)

MAY 16 1942

FEB 28 1967

APR 19 1971

814-122
002-466
PLAC[redacted]

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72988

County of a[redacted]

City of council

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wilbur D. Ham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	[redacted] 23 1919

FATHER		MOTHER	
FULL NAME	Wm. F. Ham	FULL MAIDEN NAME	Florence Downs
RESIDENCE	council	RESIDENCE	council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept - 30 1919 W. M. Brown
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. Registration District No. 1

File number Registration District No. ...

1 PRESERVED FOR BINDING

INDEXING INK—THIS IS A PERMANENT RECORD

...ed ink only. Do not write below this line. Items must be made for each and the number

365-117

PLACE

County of Adams

City of Council

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

72989

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Glen Conkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sep (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Conkle	FULL MAIDEN NAME	Phillis Jordan
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Council Idaho

Filed Sept 20 1919 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 4 1 40 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth ~~or Death~~

State of Wyoming } ss.
County of Park

Certificate No. 72989

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Conkle (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1917 1919 (Date of Event)

in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	William Glen Conkle

Oliver W. Steinman NOTARY PUBLIC Commission expires March 15, 1977

Subscribed and sworn to before me this 28th day of February 1974

Oliver W. Steinman

Notary Public, residing at Cody Wyo

My commission expires March 15 1977

(Seal)

Signed Phyllis Conkle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/15/71 nm

Own child's birth certif. from Washington State Dept. of Health gives name of child as Marg Kathryn Conkle born June 4, 1942. father's name given as William Glen Conkel and the mother's name as Gloria Marie Ragmone. Viewed by V. S.

MAR 21 1974

page from Family Bible gives name as Wm. Glen Conkle bortn Spe. 17, 1919. viewed by V. S.

643-129-002-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of ~~Council~~ Tamarack

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 72990

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gus Wulf	FULL MAIDEN NAME	Mary Davis
RESIDENCE	Tamarack Idaho	RESIDENCE	Tamarack
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

Council

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 30 1919 W M Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-227-002-453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72991

County of Adams

City of Indian Valley } Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD HELEN ELIZABETH SNOW

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ellis B. Snow	Helen E. Meehan
RESIDENCE	Indian Valley	Indian Valley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Idaho	Indian Valley
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Council, Idaho

Filed Sept 30 1919 W M Brown

_____ Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Adams } ss.

Certificate No. 72991

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Elizabeth Snow (Name on Original Certificate) who Born (Was Born or Died) on September 27 1919 (Date of Event)
in Indian Valley, Idaho (Place of Event) ~~XXXXXXXX~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by knowledge of parents now living prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Elizabeth Snow

Subscribed and sworn to before me this 29 th
day of March, 1943

Eu Ellington

Notary Public, residing at Council, Idaho
My commission expires May 24, 1946
(Seal)

Signed Ellis B Snow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Council, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Adams } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of March, 1943

Eu Ellington

Notary Public, residing at Council, Idaho
My commission expires May 24, 1946
(Seal)

Signed Gene D. Perkins
(Signature of Any Credible Person Other Than Previous Year)

Council, Idaho.
(Street Address, City, State)

APR 9 1943

APR 10 1943

864-230-002-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72992

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ben B. Houston	FULL MAIDEN NAME	Edna Shaw
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Council

Filed July 31 1919 W. M. Brown
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOUSTON

dup of 1919-129055

817-124-002-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 72993

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Theodore Albert Hagar

Sex of Child: Male | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: July (Month) 24 (Day) 1919 (Year)

FATHER

FULL NAME: Albert L. Hagar

RESIDENCE: Council

COLOR: W AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Wis.

OCCUPATION: Lumber

MOTHER

FULL MAIDEN NAME: Sadie May Bell

RESIDENCE: Council

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: So Dak

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 31 1919 W M Brown Registrar

S-Y CO. 24655

K

789-104-002-238

PLACE OF BIRTH

County of Adams

City of Goodrich

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 72994

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Paul Leroy Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 4 1919

FATHER		MOTHER	
FULL NAME	E. A. Phillips	FULL MAIDEN NAME	Pearl Johnsonover
RESIDENCE	Goodrich - Idaho	RESIDENCE	Goodrich
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 ..... Number of children of this mother now living, including present birth 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. ....., at 1030 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Address Council - Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 30 19 19 W. M. Brown

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

818-105-002-817

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

72995

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Hayter	FULL MAIDEN NAME	Nellie Hogg
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Boone

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Council

Filed Sept 30 1919

W M Boone
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-204-002-396

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72996

County of Adams

City of Council

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harriet Evelyn Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Colwell Miller	FULL MAIDEN NAME	Vira Crane
RESIDENCE	Council	RESIDENCE	Council
COLOR	Whi	COLOR	Whi
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Council

Filed July 31 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

MAR 16 1943

238-105-002-693

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

72997

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... WALTER ANDREW SCHROFF .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 5 1917

FATHER		MOTHER	
FULL NAME	Clearence Schroff	FULL MAIDEN NAME	Birdie Wilson
RESIDENCE	Council Idaho	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Forest Ranger	OCCUPATION	Housework

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) W. M. Brown

(Physician or midwife)

Address Council Idaho

Filed Feb 13 1918

W. M. Brown
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 72997

State of Idaho } ss.
County of Adams }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Walter Andrew Schroff (Name on original certificate) who was born (Was born or died) on July 5 1919 (Date of event)
in Council (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Schroff	Walter Andrew Schroff

Subscribed and sworn to before me this 7
day of February, 19 42

Notary Public, residing at Council Idaho.
My commission expires May 24, 1942
[SEAL]

Signed Clarence Schroff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Council Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Adams }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of February, 19 42

Notary Public, residing at Council Idaho
My commission expires April 7 1944
[SEAL]

Signed Virda V. Wilson
(Signature of any credible person other than the previous affiant.)

Council Idaho
(Street Address, City, State)

Received for filing on MAR 9 1942 By
(Registrar's signature)

MAR 7 1942

OCT 25 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-210-002-995

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

72998

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 10 1919

FATHER		MOTHER	
FULL NAME	Fred Schultz	FULL MAIDEN NAME	Gertie Runehart
RESIDENCE	Council	RESIDENCE	Idaho Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	City Marshall	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) on the date above stated, at 11 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed July 25 1919

W. M. Brown

Registrar

249-213-002-966

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73000

County of Adams

City of Council

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Barbara Nadene Burnham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	July 13 1919

FATHER		MOTHER	
FULL NAME	Wm. C. Burnham	FULL MAIDEN NAME	Erma R. Northwich
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:20 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E Vadnais

(Physician ~~or midwife~~)

Address Council Idaho

Filed July 19 19

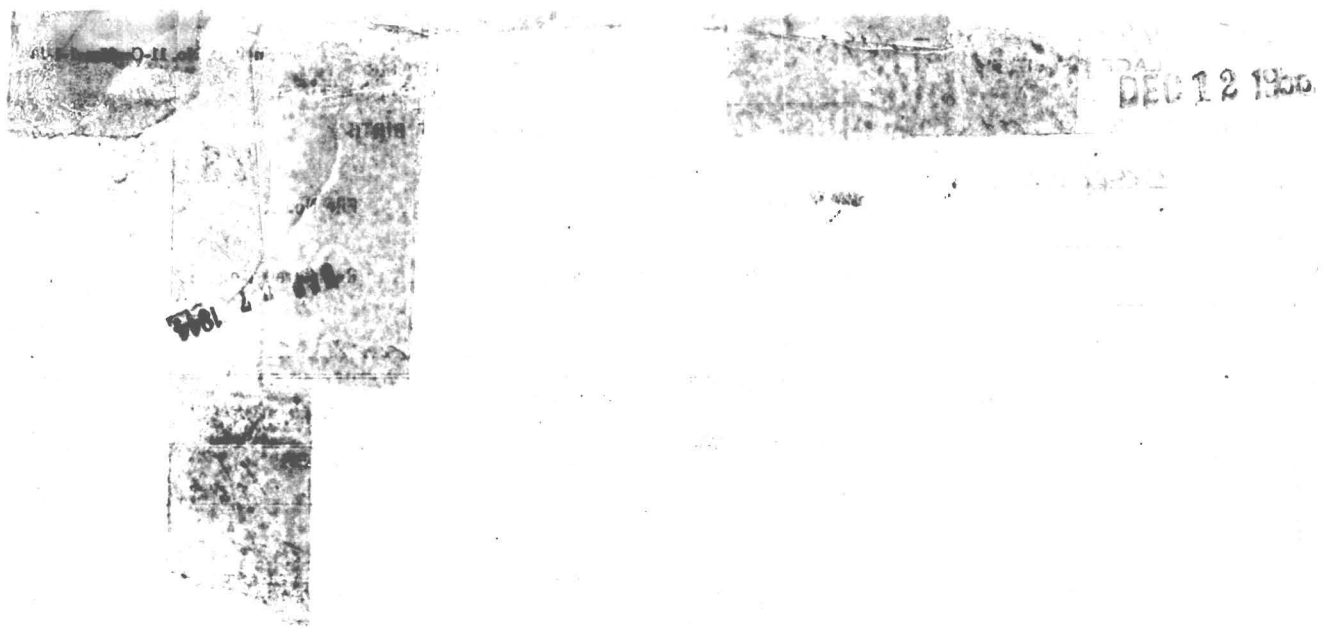
Registrar

9-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DEC 12 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Tamarack

995-212-002-319

No. ..... St.

Hospital .....

Registration District No. .....

File No. 73001

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Rhinehart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	7 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Rinehart	FULL MAIDEN NAME	Vivien E. Larson
RESIDENCE	Tamarack Idaho	RESIDENCE	Tamarack Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Saw Milling	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Council Idaho

Filed July 19 19

Registrar

Registrar

S-Y CO. 24655

PLACE OF INDIA

County of Adams

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

73003

City of Sugar City
719-111-033-319
No. ..... St.

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 62

Hospital .....

FULL NAME OF CHILD Keith Elliott Garner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben Garner	Mary Carr.
RESIDENCE	Sugar City Ida.	Sugar City Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Idaho.	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M.D. (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-28-1919

..... Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 75005

Date Filed MAY 12 1942

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Keith Elliott Garner

Subscribed and sworn to before me this 9 day of May, 1942

David A. Thurgood
Notary Public, residing at Syracuse

My commission expires April 10, 1944
(Seal)

Signed x Mary S. Garner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

924-52 St. Sacramento
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
CITY AND County of SAN FRANCISCO }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1942

Hazel E. Thompson
Notary Public, residing at .....

My commission expires NOTARY PUBLIC
(Seal) In and for the City and County of San Francisco
State of California
My Commission Expires September 21, 1942

Signed Paul H. Dawey
(Signature of Any Credible Person Other Than Previous Year)

464 California St.
(Street Address, City, State)
San Francisco
Calif.

791-122-033-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 100

File No. 73004

Primary Registration District No. 2178

Registered No. 63

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dr. S. Grant.	FULL MAIDEN NAME	Greta Waldron
RESIDENCE	Sugar City Ida.	RESIDENCE	Sugar City Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Dentist	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-28 1919

[signature] Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-124-033-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73005

County of Madison

City of Hibbard Idaho

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 64

Hospital

FULL NAME OF CHILD

Sex of Child Male | Twin Triplet or other ~~Sex~~ and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Mr. C. N. Tuckett	FULL MAIDEN NAME	Evelyn Bird
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Springville. Utah.	BIRTHPLACE	Teton. Idaho
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

19

Filed June 1919

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-226-033-652
Amended 6/25/79

PLACE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 100

Primary Registration District No. 2178

73006

File No. .....

Registered No. 65

FULL NAME OF CHILD Helen Mary Harrison

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 26 1919

FATHER		MOTHER	
FULL NAME	Wm. Harrison	FULL MAIDEN NAME	Lily West
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

(Signature) F. B. Evans

M.D.
(Physician or midwife)

Address .....

Filed 10-24-1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1971

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

JUN 11 3 45 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Fremont } ss.

Certificate No. 73006
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harrison (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 26, 1919 (Date of Event)

in Sugar City, Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Helen Mary Harrison

Subscribed and sworn to before me this 8th day of June 1979

Notary Public, Carl Connell

Residing at St Anthony

My commission expires Life time

(Seal)

Helen H Douglass
Signature of Applicant

139 E 7th St. St Anthony Idaho 83445
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June 1979

Notary Public, Carl Connell

Residing at St Anthony

My commission expires Lifetime

(Seal)

Erma H. Magleby
Supporting Signature

R#3 Box 208 Rexburg Ida. 83440
Street Address, City, State

CL 6/4/79 nm

Certif of Blessing from the LD Church gives name as Helen May Harrison daughter of John W. Harrison and Lillian West. Born May 26,1919 at Sugar City, Idaho. Blessed July 6, 1919. viewed by V. S.

JUN 25 1979

Certif of ~~XXX~~ Baptism from the LDS Church gives name as Helen Mary Harrison daughter of John W. Harrison and Lillian West. born May 26, 1919 at Sugar City, Idaho. Baptized Aug 5, 1927. viewed vy V. S.

816-127
022-[redacted]

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73007

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 66

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May 27 1919

FATHER		MOTHER	
FULL NAME	Spencer Dawes	FULL MAIDEN NAME	Emma Rawlins
RESIDENCE	Newdale, Ida.	RESIDENCE	Newdale, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-28-19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

764-229
033-193

Amended 8-10-81

PLACE OF BIRTH

Form V. S. No. 41-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. Too

File No. 73008

Primary Registration District No. 2178

Registered No. 67

FULL NAME OF CHILD Mary Godfrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse J. Godfrey	FULL MAIDEN NAME	Louie Archibald
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-28 1919

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-1-81 2-#2 MC

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 24 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 73008
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Godfrey (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-29-19 (Date of Event)

in Sugar City(Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Mary Godfrey

Subscribed and sworn to before me this 22 day of June, 1981

Notary Public, Irene Allen

Residing at Grantsville, Utah

My commission expires 4-15-82

(Seal)

Mary Godfrey Johnson
Signature of Applicant

700 East Main, Grantsville, Utah 84029
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

L.D.S. certificate of blessing certifies that Mary Godfrey daughter of Jesse J. Godfrey and Louie Archibald born 5-29-19 at Newdale, ID was blessed on 7-6-19 Newdale ward Fremont Stake # 50

AUG 10 1981

L.D.S. Certificate of Baptism and Confirmation shows that Mary Godfrey daughter of Jesse J Godfrey and Louie Archibald born 5-29-19 in Newdale, Fremont, ID was baptised 6-4-27 # 55

154-231-038-559

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugan Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73009

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 68

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀			Yes	May 31 1927

FATHER		MOTHER	
FULL NAME	Guy Anderson	FULL MAIDEN NAME	Libby Milburn
RESIDENCE	Sugan City Idaho	RESIDENCE	Sugan City Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-28 1927

..... Registrar

367-110
022-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Teton — Registration District No 100 — File No. 73010

No. ..... St. — Primary Registration District No. 2178 — Registered No. 69

Hospital .....

FULL NAME OF CHILD Clyde Neale Logan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. Logan	FULL MAIDEN NAME	Rachel Ward
RESIDENCE	Teton Ida.	RESIDENCE	Teton Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	6-8	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 14 — Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-28-1919

..... Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECO...
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DAHO
STATE
ICATE OF BIRTH

693-117-033-414

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 73011

Primary Registration District No. 217 8 Registered No. 70

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	June 17 1919

FATHER		MOTHER	
FULL NAME	Ezra Eaton	FULL MAIDEN NAME	Edith Madsen
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 5:30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) F. B. Evans M. D. (Physician or midwife)

Address .....

..... 19.....

..... Registrar

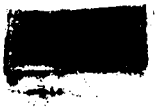
Filed 10-28 19 19

..... Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MICROFILM RECEIVED FOR BINDING



419-119-033-369

PLACE OF BIRTH name added 10-21-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 73012

Primary Registration District No. 2178

Registered No. 71

FULL NAME OF CHILD DON MARTIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Martin	FULL MAIDEN NAME	Ella Loods
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-28 1919

Registrar

Registrar

MARGIN ... FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-21-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

73012

State of _____ } ss.
County of _____ }

Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Martin (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 19, 1919 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Don Martin

Subscribed and sworn to before me this 21st day of October, 1982

Notary Public, Lavina Cartright

Residing at Rexburg

My commission expires Lifetime

(Seal)

Don Martin
Signature of Applicant

1220 ORLIN IDAHO FALLS IDAHO
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism from LDS Church gives Don Martin born 6-19-19 in Rexburg to Arthur Martin and Ella J Lords and was baptised 7-10-27. Viewed by V.S.

OCT 21 1982

Honorable Discharge from U.S. Army gives Don Martin born 6-19-19 in Idaho was discharged 12-13-45. Viewed by V.S.

713-122-033-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.,

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 73013

Primary Registration District No. 2178 Registered No. 72

FULL NAME OF CHILD Richard Irvine Galloway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 22 1919

FATHER	MOTHER
FULL NAME Robt Galloway	FULL MAIDEN NAME Matilda Kidd
RESIDENCE Sugar City Idaho	RESIDENCE Sugar City Idaho
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE England	BIRTHPLACE Kentucky
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 7.45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-28-1919

..... Registrar

Own Child's Birth Cert. on file: (Idaho Birth) #312105 gives full name of father as Richard Irvine Galloway - viewed by V.S. L.D.S. Church Cert. of Blessing, July 6, 1919 gives full name as Richard Irvine Galloway, son of Robert Galloway and Matilda Kidd, born June 22, 1919 at Sugar City, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 17 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible]

Certificate No. 73013

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Galloway (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1919 (Date of Event)

in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on April 30 - 1963 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Richard Irvine Galloway
Richard Irvine Galloway		

Subscribed and sworn to before me this 30 day of April, 1963

[illegible]
Notary Public, residing at [illegible]
My commission expires 1-2-67
(Seal)

Signed Matilda K. Galloway
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 1963

[illegible]
Notary Public, residing at [illegible]
My commission expires 1-2-67
(Seal)

Signed Matilda K. Galloway mother
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-18-63. one copy pd. rec. #01405.

MAY 21 1963
JUL 2 1969

293-222-033-65-2

[redacted]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

Registration District No. 100

File No. 73014

No. ..... St.

Primary Registration District No. 2178

Registered No. 73

Hospital .....

FULL NAME OF CHILD Barbara Bitter

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 22 1919

FATHER		MOTHER	
FULL NAME	Wm C. Bitter	FULL MAIDEN NAME	Myrtle West
RESIDENCE	Sugar City, Ida	RESIDENCE	Sugar City, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 10-28 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 12 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 73014

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bitter (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1919 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Barbara Bitter

Subscribed and sworn to before me this 11th day of September, 19 68

Notary Public, residing at Salt Lake City, Utah
My commission expires Dec 15, 1970
(Seal)

Signed Myrtle I. West Bitter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
106 North 3rd East Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September, 19 68

Notary Public, residing at Salt Lake City, Utah
My commission expires Dec 15, 1970
(Seal)

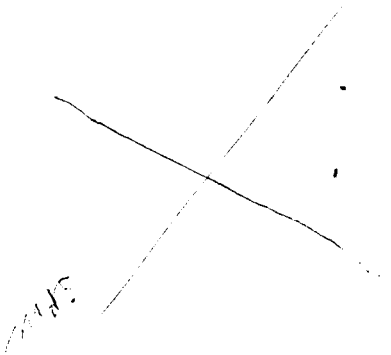
Signed Bettie Lou Bishop
(Signature of Any Credible Person)
1871 Moor Mont Dr. S.L.C. Utah
(Street Address, City, State)

FORM DH 60-155 CI 4-8-64. nm

LDS Church Cert. of Birth, gives name as Barbara Bitter, born June 22, 1919, at Sugar City, Idaho & to William E. Bitter and Myrtle, entered on record August 3, 1919 - viewed by VS.

OCT 9 1968

School Statement from Twin Falls High School, dated August 22, 1950, from J. D. Flatt, Principal, states "This is to certify that Barbara Bitter who was born as of June 22, 1919 entered the Twin Falls High School at the age of 14 on September 5, 1933. She graduated on the date of May 22, 1936. She was in the upper 5% of her class of 187 members" - viewed by VS.



335-226
026-314

PLACE OF BIRTH

[redacted]

No. 11-C-[illegible]

STATE OF [illegible]

Bureau of Vital [illegible]

CERTIFICATE OF BIRTH

73015

County of Jefferson

City of Lerenzo

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 74

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	June (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Francis Clegg	FULL MAIDEN NAME	Silvia Campell
RESIDENCE	Lerenzo	RESIDENCE	Lerenzo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Heber City	BIRTHPLACE	Kaysvill Utah.
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs

midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-28 1919

[signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...IN RESERVED FOR BINDING

719-106-033-391

PLACE OF BIRTH

C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 73016

Primary Registration District No. 2178 Registered No. 75-

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug. 6 1919

FATHER		MOTHER	
FULL NAME	Lyman Garner	FULL MAIDEN NAME	Bertha Crandell
RESIDENCE	Sugar City Ida.	RESIDENCE	Sugar City Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

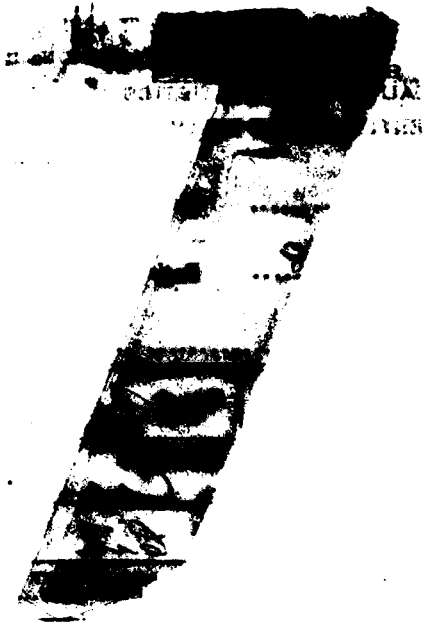
Filed 10-28 1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



842-214-022-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

11-C—25m-9-8-19

CERTIFICATE OF BIRTH

73017

County of Fremont

City of Teton

Registration District No. 100

File No.

No. ..... St.

Primary Registration District No. 2178

Registered No. 76

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George A. Huskinson	FULL MAIDEN NAME	Maida Johnson
RESIDENCE	Teton, Ida.	RESIDENCE	Teton, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:14 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-28 1919

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No.

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[illegible]

236-121-033-599

amended 10/23/78

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 73018

Primary Registration District No. 2178 Registered No. 77

FULL NAME OF CHILD ..... Ronald J. Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug. 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Stone	Cecily Virgin
RESIDENCE	Sugar City Ida	Sugar City, Ida.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

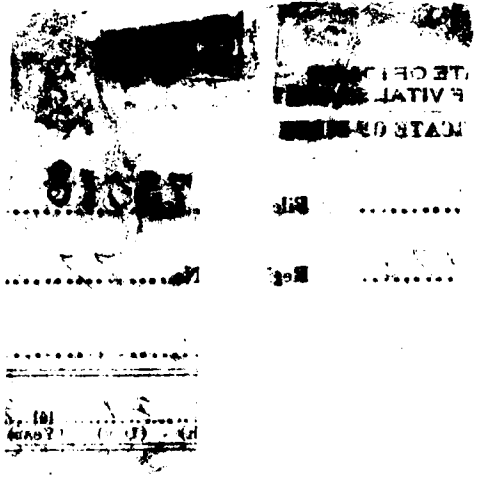
Filed 10-28-1919

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IC



DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 2 11 36 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 73018

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stone (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 21, 1919 (Date of Event)
in Sugar City, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record and Insurance (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ronald J. Stone
child's name	Unnamed	Ronald J. Stone

Subscribed and sworn to before me this 29 day of Sept., 19 78

Notary Public, residing at Rexburg Idaho

My commission expires 11-20-78

(Seal)

Signed Glenn C Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

377 Yale Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of September, 19 78

Notary Public, residing at Rexburg Idaho

My commission expires 11-20-78

(Seal)

Signed Fern Schofield
(Signature of Any Credible Person)

176 N. center Rexburg Idaho
(Street Address, City, State)

FORM DH 60-155

CL 9/27/78 mtd $9.00 ck

Certificate of blessing, LDS Church, lists child as Ronald J. Stone, born August 21, 1919, in Idaho, to James C. and Lorinda Virgin. blessed on October 5, 1919.
viewed by vs Oct. 23, 1978

Insurancepolicy lists name as Ronald J. Stone. Dated March 29, 1963. Beneficial Life Ins. Co.
viewed by vs Oct. 23, 1978

OCT 23 1978

215-103-033-386

[redacted]

V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

CERTIFICATE OF BIRTH

73020

County of Madison

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** .....

Primary Registration District No. 2178 **Registered No.** 79

FULL NAME OF CHILD Jay L. Sanders

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	7th (To be answered only in event of plural births)	Yes	Sept. 3rd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph L. Sanders	FULL MAIDEN NAME	Nelie Thompson
RESIDENCE	Lima Montana	RESIDENCE	Lima Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Tonto Arizona
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept. 3rd 1919, 7-15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 10/24 1919 G G Espe

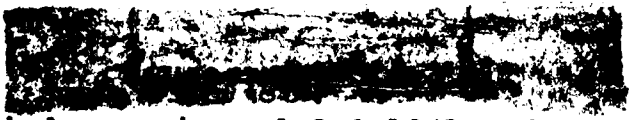
..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Certified copy issued 2-6-1941. dp

419-103-033-818

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

Name added 4/30/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 73021

Primary Registration District No. 2178

Registered No. 80

FULL NAME OF CHILD Fredrick Jay Marsh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 - 3 - 1919

FATHER		MOTHER	
FULL NAME	D. G. Marsh	FULL MAIDEN NAME	Myrtle Harper
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 10-28 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 30 3 58 PM '81

State of _____ } ss.
County of _____

Certificate No. 73021
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Marsh (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-3-1919 (Date of Event)

in Rexburg, Id Madison (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Fredrick Jay Marsh

Subscribed and sworn to before me this 30th day of April, 1981.

Notary Public, Linda Adamson

Residing at Nampa

My commission expires April 3rd 1985

(Seal)

Grace E. Woolf
Signature of Applicant

107 E. 34th Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 3 0 1981

death cert. of Fredrick Jay Marsh died 10-22-69 S.F.#69-4489. born Sept. 3, 1919 at Rexburg, ID. Viewed by V.S.

Birth cert. of daughter Barbara Anne Marsh born Mar.2, 1942 gives father as Fred J. Marsh age 22 born Rexburg, ID. Viewed by V.S. S.F.#341465

219-108-022-296

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

TB022

City of Teton

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No. 8

Hospital

FULL NAME OF CHILD Rudger Lyman Gann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rudger Gann Jr.	Lima Brown
RESIDENCE	Teton, Ida.	Teton, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY	34 (Years)	28 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

19 Address

Registrar Filed 11-28-1919 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

256-209-033-249

Form V. S. No. 11-G...

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73023

...of Madison

City of Rexburg

Registration District No. 100

File No.

No. ... St.

Primary Registration District No. 2178

Registered No. 82

Hospital

FULL NAME OF CHILD Mary Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 9th 1919

FATHER		MOTHER	
FULL NAME	Elvin D. Thomas	FULL MAIDEN NAME	Lodema M. Smith
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Jackson Hole Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept. 9th 1919 at 3 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

19

Filed 10/24 1919 G G Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1944

DEC 16 1975

271-110-033-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73024

County of Madison

City of Rexburg

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No. 83

Hospital

FULL NAME OF CHILD Frank Taylor Spaulding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9-10-1919

FATHER		MOTHER	
FULL NAME	Silas Eli Spaulding	FULL MAIDEN NAME	Marion Taylor
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg Ida
COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Burton, Ida.	BIRTHPLACE	Farmington Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin, M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10-28 1919

J. J. Espe
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-111-033-962

Form V. S. No. 11-C—Mm-3-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73025

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 84

FULL NAME OF CHILD Richard Clark Millward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 11th 1919

FATHER		MOTHER	
FULL NAME	Hyrum H. Millward	FULL MAIDEN NAME	Leah Robinson
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Grantiville Urah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive on Sept. 11th 1919, at 7-55 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roxburg Idaho.

Filed 10/24 1919 G. G. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/29/40 L. B.

655-211-033-713

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ....., ... St.

Hospital .....

Registration District No. 100 — File No. 73026

Primary Registration District No. 2178 — Registered No. 85

FULL NAME OF CHILD Artella Ann Weekes

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth Sep. (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Leben Weekes	FULL MAIDEN NAME	Martha Gwen Galbraith
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lyman Fremont Co	BIRTHPLACE	Lyman Fremont Co
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11-20 p.m. (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs
midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 10/28 1919

[signature]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAR 26 1953

DECEASED

619-211-033-469

PLACE OF BIRTH

Form V.S. No. M-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 73027

Primary Registration District No. 2178

Registered No. 86

FULL NAME OF CHILD MARY DAWN WARNER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Sept. ~~12th~~ 11th 1919

FATHER		MOTHER	
FULL NAME	Harold M. Warner	FULL MAIDEN NAME	Fern Morrison
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Richfield Utah
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Ob Sept. 12th 1919 at 12-20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 10/24 1919 G. G. Espe

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Beaverhead }

Certificate No. 73027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Mary Dawn Warner (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1919 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by geneological record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Dawn Warner

Subscribed and sworn to before me this 3rd day of April, 1943

B. A. Risley

Notary Public, residing at NOTARY PUBLIC for the State of Montana Residing at Dillon, Montana

My commission expires (Seal) My Commission expires February 4, 1945

Signed Harold M Warner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

488 Kentucky Ave
Dillon, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Beaverhead }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 1943

B. A. Risley

Notary Public, residing at NOTARY PUBLIC for the State of Montana Residing at Dillon, Montana

My commission expires (Seal) My Commission expires February 4, 1945

Signed Mrs. Fern M. Warner
(Signature of Any Credible Person Other Than Previous Year)

488 Kentucky Ave
Dillon, Montana
(Street Address, City, State)

APR 5 1943

MAR 1 1966

APR 7 1943

449-114-033-766

PLACE OF BIRTH

Form V. S.-No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 73028

Primary Registration District No. 2178 Registered No. 87

FULL NAME OF CHILD Dean Royal Muir

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	Yes	Sept 14th 1919

FATHER		MOTHER	
FULL NAME	Royal B. Muir	FULL MAIDEN NAME	Sylvia Towell
RESIDENCE	Sugar City Idaho	RESIDENCE	Sugar City Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salem Idaho	BIRTHPLACE	Parker Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 a M. on the date above stated.

(Signature) Lorin L. Rich

Physician

(Physician or midwife)

Address Rupert Idaho

Filed 10/28 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1943

719 - 215-033-632

PLACE OF BIRTH

County of Madison

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 73029

Primary Registration District No. 2178 Registered No. 88

FULL NAME OF CHILD Verla Minnie Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1st.	Yes	Sept. 15th 1919

FATHER		MOTHER	
FULL NAME	Elmer Gardner	FULL MAIDEN NAME	Mabel Olsen
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Salem Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept. 15th 1919, at 8-25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

K ..... 19.....

..... Registrar

Filed 10/24 1919

G W Cooke
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-15-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

RECEIVED MAY 6 1971 Bureau of Vital Statistics

Certificate No. 73029

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gardner (1st Twin) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1919 (Date of Event)
in Teton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge of both twins since birth (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Verla Minnie Gardner

Subscribed and sworn to before me this 4 day of May, 1971

Notary Public, residing at Idaho Falls, Idaho

My commission expires 4 June 1972
(Seal)

Signed Eva Hughes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 127 Teton City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing from LDS Church Teton Ward, Fremont Stake gives name as Verla Minnie Gardner, Daughter of Elmer Gardner and Mable Olsen. Born Sept. 15, 1919 at Teton, Idaho. Was Blessed Nov. 2, 1919 by John Donaldson. Signed by Jacob J. Johnson, Bishop and Walter Riggs, Clerk. Viewed by V. S.

MAY 10 1971

Certificate of Baptism and Confirmation from LDS Church give name as Verla Minnie Gardner. Dated Nov. 6, 1927. Daughter of Elmer Gardner and Mabel Olsen. Born Sept. 15 1919 at Teton, Idaho. Was Baptized Nov. 4, 1927 by John Vernon Redford an Elder. Confirmed at Member Nov. 6, 1927. Signed by. John W. Huskinson, Bishop. Viewed by VS

719-215-033-632

PLACE OF BIRTH

Form V. S. No. 16-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 73030

Registered No. 189

FULL NAME OF CHILD Vera Eliza Gardner

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin 2nd	2nd	Yes	Sept. 15th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Gardner	FULL MAIDEN NAME	Mabel Olsen
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Salem Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept 15th 1919 at 8-35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 10/24 1919 G G Eske
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-15-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 10 10 14 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannedille } ss.

Certificate No. 73030

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gardner (2nd Twin) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1919 (Date of Event)
in Teton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge of both twins since birth (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Vera, Eliza Gardner

Subscribed and sworn to before me this 4 day of May, 1972

Notary Public, residing at Idaho Falls, Idaho
My commission expires 4 June 1972
(Seal)

Signed Eva Hughes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 127 Teton City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing from LDS Church gives name as Vera Eliza Gardner daughter of Elmer Gardner and Mable Olsen. Born Sept. 15, 1919 at Teton, Idaho. Was Blessed Nov. 2, 1919. Viewed by V. S.

JAN 30 1974

Certif. of Baptism and Confirmation from the LDS Church gives name as Vera Eliza Gardner daughter of Elmer Gardner and Mabel Olsen. Born Sept. 15, 1927 at Teton, Idaho. Was Baptized Nov. 4, 1927. Viewed by V. S.

814-219-033-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73031

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 90

Hospital

FULL NAME OF CHILD Lucile Ayako Yamagata

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	9 19 1919

FATHER		MOTHER	
FULL NAME	S Yamagata	FULL MAIDEN NAME	Chiyo Chicora
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

1 Photostat copy 1/5/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mae Nelson

Midwife
(Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

Registrar

Filed 10-28 1919

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 73031

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Yamagata	Lucile Ayako Yamagata

Subscribed and sworn to before me this 27th day of December, 19 41.

J. W. Smith

Notary Public, residing at Rexburg, Idaho

My commission expires 1-24-42

(SEAL)

Signed Chiyo Yamagata
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Dec., 19 41.

J. W. Smith

Notary Public, residing at Rexburg, Idaho

My commission expires 1-24-42

(SEAL)

Signed M. Yamagata
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 29 1941 By .....
(REGISTRAR'S SIGNATURE)

AUG 2 0 1993

693-119-033-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73032

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 91

FULL NAME OF CHILD Orren Russell Wilding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Wilding	FULL MAIDEN NAME	Jane M. Nard
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:18 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-28 1919

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1944

216-121-033-39

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Madison

City of Sunny Dell

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

73033

Registration District No. 100 File No. ____

Primary Registration District No. 2178 Registered No. 92

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sep. 21, 1919

FATHER		MOTHER	
FULL NAME	George Delbert Safford	FULL MAIDEN NAME	Martha Alfida Christiansen
RESIDENCE	Sunny Dell	RESIDENCE	Sunny Dell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Lyman Bingham Co	BIRTHPLACE	Salt Lake.
OCCUPATION	Farmer	OCCUPATION	House wife ?

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12 a. m. (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs

Midwife (Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed 10-28-1919

L. C. Cope Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

436 - 125 - 033 - 318

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ....Madison.....

City of .....Archer.....

No. .....St.

Hospital ....

Registration District No. .....100.....

Primary Registration District No. .....217F.....

File No. 73034

Registered No. 93

FULL NAME OF CHILD .....Roscoe Taylor McFate.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7th	Sept. 25th 19

FATHER	MOTHER
FULL NAME: Frank McFate	FULL MAIDEN NAME: Sarah Taylor
RESIDENCE: Archer Idaho	RESIDENCE: Archer Idaho
COLOR: White	AGE AT LAST BIRTHDAY (Years): 37
COLOR: White	AGE AT LAST BIRTHDAY (Years): 28
BIRTHPLACE: Fairfield Utah	BIRTHPLACE: Sunnydell Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....7th..... Number of children of this mother now living, including present birth .....5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept 25th, 1919 11-40 P M. on the date above stated. (Born alive or stillborn) at .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson MD.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10/24 19 19

E. G. Cope
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1973

MAY 21 1942

212 - 226 - 033 - 454

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73035

County of Madison

City of Rexburg — Registration District No. 160 — File No.

No. ____ St. — Primary Registration District No. 7178 — Registered No. 94

Hospital

FULL NAME OF CHILD: YOSHIMI SASAKI

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	9 26 1919

FATHER		MOTHER	
FULL NAME	K Sasaki	FULL MAIDEN NAME	Shio Ando
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laberer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

1 Photostat copy 1/12/42

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7-50 P.M. on the date above stated.

(Signature) Mae Nelson

midwife (Physician or midwife)

Address

Filed 10-28 1919

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(See Cert. #119813)

JAN 12 1942

dup of 1919-119813

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 212-126-033-154 St. Registration District No. 100 State File No. ~~119813~~

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 698

FULL NAME OF CHILD YOSHOMI SASAKI

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male			X		Sep. 26/1919 192 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	K. SASAKI	FULL MAIDEN NAME	SHIO ANDOW
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Chiyo Yamagata

(Physician or midwife)

Give names added from a supplemental report.

....., 192

Registrar.

Address .....

Filed 2/1 1924

J. W. Young
Registrar.

DELAYED

dup of 1919-73035

296-126-033-643

PLACE OF BIRTH

County of Madison

City of Salem, Ida.

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

73036

Registration District No. 100 File No. ____

Primary Registration District No. 2178 Registered No. 95

FULL NAME OF CHILD Jesse Earl Brower

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept — 26 — 1919

	FATHER	MOTHER
FULL NAME	Jesse Earl Brower	FULL MAIDEN NAME Mary Frances Fullmer
RESIDENCE	Salem Ida	RESIDENCE Salem, Ida,
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Wilford, Ida,	BIRTHPLACE Ut,
OCCUPATION	Painter	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 A M. on the date above stated.

(Signature) C. O. Martin

M. D. (Physician or midwife)

Address ____

Filed 10-28 — 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19.... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-227-033-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73037

County of Madison

City of Rexburg Ada

Registration District No. 160 File No.

No. St.

Primary Registration District No. 7178 Registered No. 96

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	9-27-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph W. Barnes	Melba Peay
RESIDENCE	Sorotella, Ada	Sorotella, Ada,
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Rexburg Ada,	Rigby, Ada,
OCCUPATION	R.R. Fireman	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, (Born alive or stillborn) at 6:45 A.M. on the date above stated.

(Signature) C. W. Martin,

M. D.

(Physician or midwife)

Address

Filed 10-29 1919 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

FEB 3 1969

132-22[illegible]-033-469

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 73038

No. ..... St.

Primary Registration District No. 2178 Registered No. 97

Hospital .....

FULL NAME OF CHILD Lila Marintha Atkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. E. Atkinson	FULL MAIDEN NAME	Marintha Morris
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept. 28th 1919 (Born alive or stillborn) at 3-15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 10/24 1919 G G Espe

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

MAY 14 1942

669-129-033-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73039

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 98

FULL NAME OF CHILD James Jay Worlton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9-29-1919

FATHER		MOTHER	
FULL NAME	J. T. Worlton	FULL MAIDEN NAME	Eulalia Jensen
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ut.	BIRTHPLACE	Rexburg Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Parkinson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-28 1919

Registrar

Registrar

cc 31-8141 BMF

JAN 6 1972

289-129-033-669

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 73040

Primary Registration District No. 2178 Registered No. 99

FULL NAME OF CHILD Gordon Lyle Shirley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 29th 1919

FATHER

FULL NAME: Fred A. Shirley

RESIDENCE: Salem Idaho

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Fishaven Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara Worlton

RESIDENCE: Salem Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Morgan Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On Sept. 29th 1919 10-30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report. .....19.....

Filed 10/24 19 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

666-101-033-458

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rexburg, RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73041

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 100

FULL NAME OF CHILD Joseph Merlan Wood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		1	Yes	Oct 1st 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Hurst Wood	FULL MAIDEN NAME	Ida Meyers
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho

Filed 10-28 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-41

NOV 30 1950

968-102-033-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 73042

Primary Registration District No. 2178 Registered No. 101

FULL NAME OF CHILD Verge William Roylance

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 - 2 - 1919

FATHER		MOTHER	
FULL NAME	W. H. Roylance	FULL MAIDEN NAME	Alfreta Calaway
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg Ida.
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-28 1919

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

NOV 2 - 1943

Certificate No. 73042

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for none given (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1919 (Date of Event)
in Salem, Ida. (now Rexburg) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church Baptismal (Bible Record, Family Policy, Etc.) Salem, Idaho prepared on February, 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Verge William Roylance

Subscribed and sworn to before me this 27th
day of October 1943.

Signed Alfreta Roylance (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Kent

My commission expires 2/19/46
(Seal)

Rte 2, Box 104, Kent, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of October 1943.

Signed William Peter Roylance (FATHER)
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Kent.

My commission expires 2/19/46
(Seal)

Rte 2, Box 104, Kent, Washington.
(Street Address, City, State)

NOV 4 1943

203-25-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73043

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 178 Registered No. 102

Hospital

FULL NAME OF CHILD Afton Shail

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3	Yes	Oct 3rd 19 19

FATHER		MOTHER	
FULL NAME	James Shail	FULL MAIDEN NAME	Jane Flamm
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 05 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Lorin L. Rich.
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 10-28-19 Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-205.033.249

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 73044

Registered No. 103

FULL NAME OF CHILD CAROL MARGARET DRIGGS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10-8-1919

FATHER		MOTHER	
FULL NAME	L. L. Driggs	FULL MAIDEN NAME	Margrett Smith
RESIDENCE	Driggs, Ida.	RESIDENCE	Driggs, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Driggs, Ida.	BIRTHPLACE	Rexburg, Ida.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:11 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Parkinson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-28 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Maricopa

Certificate No. 73044

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carol Margaret Driggs (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 20th. 1919. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Carol Margaret Driggs		
name	none given	Carol Margaret Driggs

Subscribed and sworn to before me this 22nd
day of June 1942, 19

Notary Public, residing at Phoenix, Ariz.
My commission expires May 3, 1946
(Seal)

Signed L. L. Driggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

521 W Almeria Phoenix Ariz
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of June, 1942

Notary Public, residing at Phoenix, Ariz.
My commission expires May 3, 1946
(Seal)

Signed Jennie E. Driggs
(Signature of Any Credible Person Other Than Previous Year)

815 N Camelback
(Street Address, City, State)
Phoenix, Ariz.

AUG 6 1942

SEP 1 1956

915-207-022-845

Amended 8-16-61

(Be sure the information is complete and accurate)

State File No. 73045
Local Reg. No. 104
Reg. Dist. No. 100

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Newdale

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Newdale, Ida.

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Sybil b. (Middle): c. (Last): Hansen

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month): Oct. (Day): 7, (Year): 1919

FATHER OF CHILD

7. FULL NAME a. (First): Lester b. (Middle): c. (Last): Hansen

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 55 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Latitia b. (Middle): c. (Last): Hunsaker

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. B. Evans

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10/28/1919

20. REGISTRAR'S SIGNATURE: G.G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approved by Division of Vital Statistics, Bureau, Form

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 73045

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hanson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1919 (Date of Event)
in Newdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sybil Hansen
Child's Sex	Male	Female
Father's Last Name	Hanson	Lester Hansen
Full Maiden Name of Mother	Littia Hunsaker	Latitia Hunsaker

Subscribed and sworn to before me this 14th day of Aug., 1961

Notary Public, residing at Preston, Ida.
My commission expires Oct. 21, 1964
(Seal)

Signed Sybil H. Tacker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

390 N. 1st W. Smithfield, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Aug., 1961

Notary Public, residing at Preston, Ida.
My commission expires Oct. 21, 1961
(Seal)

Signed Silva H. Rittenhouse
(Signature of Any Credible Person)

Preston, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-5-61. one copy pd. receipt #18158.

L.D.S. Church Certificate of Blessing, Dec. 7, 1919 gives full name of child as Sybil Hansen, daughter of Lester L. Hansen and Latitia Hunsaker, child born Oct. 7, 1919 at Newdale, Idaho. - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, Oct. 16, 1927 gives full name of child as Sybil Hansen, daughter, of Lester L. Hansen and Latitia Hunsaker, child born Oct. 7, 1919 at Newdale, Idaho - viewed by V.S.

WRITE ... ADING INK. THIS IS A PERMANENT RECORD

N. B. In ... than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. ... Rev. 5-3-17

...CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

Registration District No. 100

File No. 73045

No. ..... St.

Primary Registration District No. 2178

Registered No. 104

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Hanson	FULL MAIDEN NAME	Lillia Hunzaker
RESIDENCE	Newdale Ida	RESIDENCE	Newdale Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10/28/1919

..... Registrar

[signature] Registrar

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 73043

Registered No. .....

County of .....

City of .....

No. ..... St.

Registration D

AUG 16 1961

RECORD

Amended 12/4/72

215-108-033-288

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73046
Local Reg. No.
Reg. Dist. No. 100

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sugar City

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sugar City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Hart b. (Middle) Kyhl c. (Last) Sanders

4. SEX: M

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 10 (Day) 8 (Year) -19

FATHER OF CHILD

7. FULL NAME: a. (First) Hart b. (Middle) c. (Last) Sanders

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Edna b. (Middle) c. (Last) Kyhl

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. B. Evans

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/28/19

22. REGISTRAR'S SIGNATURE: G. G. Esps

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 6 AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness?

METHOD OF DELIVERY

...ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 10 47 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Sanpete } ss.

Certificate No. 73046

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Saunders (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1919 (Date of Event)

in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Saunders	Hart Kyhl Sanders
Father's name	Hart Saunders	Hart Sanders

Subscribed and sworn to before me this 17th day of November 1972

G. Stanley Black

Notary Public, residing at Ephraim, Utah

My commission expires May 28, 1975

(Seal)

Signed Hart Sanders

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1881 Hubbard Ave. S.L.C. Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Sanpete } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November 1972

G. Stanley Black

Notary Public, residing at Ephraim, Utah

My commission expires May 28, 1975

(Seal)

Signed Edna D Benson

(Signature of Any Credible Person)

128 No. 1st W.

(Street Address, City, State)

Ephraim Utah

FORM DL 60-155

CL 10/30/72

Letter from Local Board #25 dated July 27, 1942 gives name as Hart Kyhl Sanders . Signed by Rudolph Hope, Sec. of Local Board No. 25. (draft board) viewed by VS

Letter from Sandpete County, Utah County clerk states that Hart Kyhl Sanders is a U.S. Citizen and is the son of Hart J. Sanders. Dated July 16, 1941. Viewed by V.

Certif. of Membership to the LDS Church gives name as Hart Kyhl Sanders son of Hart J.Sanders and Edna Kyhl, born Oct. 8, 1919. Blessed Aprl 25, 1920 and Baptized Dec. 18, 1928. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73046

City of Sugar City — Registration District No. 100 — File No.

No. ..... St. — Primary Registration District No. 2178 — Registered No. 105

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 8 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Hart Saunders	FULL MAIDEN NAME	Edna Kyhl
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City Ida
COLOR	W — AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10/28/18 19.....

Registrar

[signature] Registrar

OCT 30 19

DEC 1 1972

CERTIFICATE OF BIRTH

296-208-033-289

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73047

County of Madison

City of Hibbard precinct Registration District No. 160 File No.

No. St.

Primary Registration District No. 278 Registered No. 106

Hospital

FULL NAME OF CHILD Wanda Edith Browning

Sex of Child Female | Twin, Triplet or other? Single | and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 8th (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Guy Alexander Browning	FULL MAIDEN NAME	Cecile Byrne
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 P M. on the date above stated.

(Signature) Lorin F. Rich

Physician

(Physician or midwife)

Address Rexburg Idaho.

Filed 10/28/19 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 10 1945

STATE OF ~~IDAHO~~

DEPARTMENT OF PUBLIC ~~HEALTH~~—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 73047

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of ~~Wanda Edith Browning~~ for Wanda Edith Browning (Name on Original Certificate) who Oct. 8th 1919 (Was Born or Died) on ~~Birth~~ Death Oct. 8, 1919 (Date of Event) in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Browning	
Wanda Edith Browning	Wanda Edith Browning	Wanda B. Hammond

Subscribed and sworn to before me this 3rd day of July, 1945.

Leonard Knight
Notary Public, residing at Ogden Utah

My commission expires Oct 20, 1948
(Seal)

Signed × Mrs Cecil Browning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs Cecil Browning 0-5 Bonneville PK
0-5, Bonneville (Address, City, State) Ogden, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

SEP 1 2 1948

DCT 2 2 1973

485-209-033-314

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 73048

Primary Registration District No. 2178 Registered No. 107

FULL NAME OF CHILD Dt. Etta Lou Meuser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10-9-1919

FATHER		MOTHER	
FULL NAME	John F. Meuser	FULL MAIDEN NAME	Luella Lambert
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Kamas, Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:45 A.M. on the date above stated.

(Signature) C. W. Martin

M. D. (Physician or midwife)

Address .....

Filed 10/28/19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-217-033-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-27

...ISTICS

County of Madison

CERTIFICATE OF BIRTH 73049

City of Rexburg

Registration District No. 100

File No.

No. ..... St.

Primary Registration District No. 2178

Registered No. 108

Hospital .....

FULL NAME OF CHILD Sylvia Spencer

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10 - 17 - 1927

FATHER		MOTHER	
FULL NAME	Wm G. Spencer	FULL MAIDEN NAME	Geneve Parker
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Parkinson

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/24/19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

3/4/41 L. B.

651-118-033-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100

File No. 73050

Primary Registration District No. 2178

Registered No. 109

Hospital .....

FULL NAME OF CHILD George Martin Evard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-18-1919

FATHER

FULL NAME: Jess Evard

RESIDENCE: Rexburg, Ida.

COLOR: W

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Eva Larson

RESIDENCE: Rexburg Ida

COLOR: W

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: —

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:26 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Anderson M. D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 10/25/19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1942

MAY 2 4 1945

719-229-032-868 [redacted]

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

Primary Registration District No. 1016

File No. 73056

Registered No. 65

Full Name of Child Carrie Gonia

SEX OF CHILD: female	Twin Triplet or other? — and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Gonia	FULL MAIDEN NAME	Bertha Hohn
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisc.	BIRTHPLACE	Wisc.
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 31 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-124-032-519

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

73057

Registration District No. 16

Primary Registration District No. 1016

File No. _____

Registered No. 624

Full Name of Child Baby Stewart Sidney Hanson

SEX OF CHILD: Male	Twin Triplet or other? — and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Hanson	FULL MAIDEN NAME	Tina Jane Nail
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ill.
OCCUPATION	Grocer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed Oct 27 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-121-032-434

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73058

Registration District No. 16 — File No. _____

Primary Registration District No. 1016 — Registered No. 63

Full Name of Child Gordon Garlock

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonil Wm Garlock	FULL MAIDEN NAME	Orene McMahon
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Abstractor	OCCUPATION	Wife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar

Filed Oct 27 1919 J L Fuller Registrar

513-115-032-421

[redacted]

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25 M-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 73059

Primary Registration District No. 1016

Registered No. 61

Full Name of Child VINCENT FLORENTINE [redacted] Valadez Jr

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			1	yes	Oct 15 1919

FATHER		MOTHER	
FULL NAME	Caterino Valadez	FULL MAIDEN NAME	Andrea [redacted] UBALLE
RESIDENCE	S Shoshone	RESIDENCE	S Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT L[redacted] BIR[redacted]	23 (Years)
BIRTHPLACE	Mejica	BIRTHPLACE	Mexico
OCCUPATION	R.R.	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive[redacted], at 11-50 P M. (Born alive or stillbo[redacted]) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Jones M.D.

(Physician or midwife)

Address S. Shoshone

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Oct 17 1919 J. L. Fuller Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 31 1948

ed States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH (All items at time of this birth)
a) County Lincoln (b) City Shoshone
c) Street Address or R.F.D. No.....
d) Name of Hospital or Maternity Home:
e) Mother's stay BEFORE delivery: IN THIS county years months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Shoshone
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

FULL NAME OF CHILD Vincent Florentino Valades

5. Date of Birth of Child (Month, day, year) October 15, 19[illegible]

Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Catarino Valades

Color or Race Mexican

12. Age at time of THIS birth 35 yrs.

Birthplace Ojuelos de Jalisco Mexico (City or town) (State or foreign country)

Exact Occupation Locomotive Cleaner

Industry or Business Round House

MOTHER OF CHILD

16. FULL MAIDEN NAME Andrea Uballe

17. Color or Race Mexican

18. Age at time of THIS birth 25 yrs.

19. Birthplace Aguas Calientes Mexico (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

I. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 11:00 P.M. on the date (Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Catarino Valades who is (First name) (Last name)
related to this child as Father (Mother, etc.)

Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of South Dakota } ss.
County of Fall River }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that (First name) Dr. John (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Catarino Valades Signature
Edgemont, So. Dakota P. O. Address

Subscribed and sworn to before me this 19th day of February 19 42

(SEAL) J. Greenlaw Notary Public, residing at Edgemont, So. Dak.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on 2-21-1942 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-116-032-445

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 73060

Primary Registration District No. 1016

Registered No. 62

Full Name of Child ~~[illegible]~~ Frederick William Chapman

SEX OF CHILD: Male	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct (Month) 16 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Chapman	FULL MAIDEN NAME	Bessie May Burnside
RESIDENCE	Wendell	RESIDENCE	Shoshone & Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

[illegible] 12 1919

[signature]

Registrar

Address

Filed [illegible] 19, 1919 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

CERTIFICATE OF BIRTH

City of Moskow

No. ..... St.

Hospital .....

Registration District No. 16

Primary Registration District No. 1016

File No. 73062

Registered No. 59

Full Name of Child ~~Baby~~ Lorenzo Robert Bills

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth: 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Bills	FULL MAIDEN NAME	Helen Johnson
RESIDENCE	Moskow	RESIDENCE	Moskow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Wyo
OCCUPATION	Laundryman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 11 1919 J. L. Fuller Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

State of Nevada, County of Washoe, Marriage Certificate, #418389, married July 3, 1955 gives full name of groom as Lorenzo Robert Bills and full name of bride as Gloria Mary Frossad - viewed by V.S. Statement from Dept. of Motor Vehicles, State of California, dated May 4, 1962 gives full name as Lorenzo Robert Bills, license (renewal) issued October 26, 1960 expires Oct. 10, 1965 - ~~dated~~ date of birth given as Oct. 10, 1919 -

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California viewed by V.S.
County of San Francisco } ss.

Certificate No. 73062

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bills (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1919 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lorenzo Robert Bills

Subscribed and sworn to before me this 2nd day of March, 19 62

Notary Public, residing at San Francisco
My commission expires July 8 1966
(Seal)

Signed Helen M. Bills
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
471 Southgate Ave., Daly City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-27-62. one copy pd. rec. #7035.

SEP 25 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 446-131-010-113

[redacted]E OF IDAHO
[redacted] VITAL STATISTICS
[redacted]ICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 73064

No. ..... St.

Primary Registration District No. 2.1.3.0

Registered No. 21

Hospital .....

FULL NAME OF CHILD William Dennis Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 31 1919

FATHER		MOTHER	
FULL NAME	William Oscar Dixon	FULL MAIDEN NAME	Helena Goettsche
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

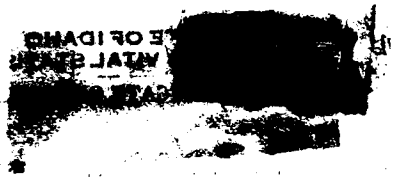
..... 19.....

Address Idaho Falls Ida.

Filed 11/11 1919 [signature]

Registrar

Registrar



DEC 4 1974

OCT 1 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 436-104-010-442

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73065

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2110

Registered No. 217

Hospital

FULL NAME OF CHILD Willis D. Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 4 1919

FATHER		MOTHER	
FULL NAME	David Scott	FULL MAIDEN NAME	Margaret F. Duke
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Provo Ut.	BIRTHPLACE	Provo Ut.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 11/11 1919 [signature]

Registrar

Registrar

MAY 1 6 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 1 9 21 AM '76

State of WASHINGTON } ss.
County of SPOKANE

Certificate No. 73065

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Scott (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Willis D. Scott

Subscribed and sworn to before me this 24 day of May, 1976

Presley L. Cheshire

Notary Public, residing at Spokane WA

My commission expires 12-20-77

(Seal)

Signed Zella Scott Reser

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3231 W. Boone St #737

(Street Address, City, State)

Spokane, WA 99201

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Yellowstone

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 1976

Thomas H. Hughes

Notary Public, residing at Billings, Mt

My commission expires July 30, 1976

(Seal)

Signed Lois Scott Noyes

(Signature of Any Credible Person)

1223 Princeton Av.

(Street Address, City, State)

Billings, Mont. 59201

FORM DH 60-155 CL 5/15/75

Certificate of blessing issued by LDS church January 4, 1920 gives name as Willis D. Scott. viewed by V. S.

JUN 1 1976

Life insurance policy issued by Bankers Life Insurance Company 23 June 1945 gives name as Willis D.Scott. viewed by V.S.

212-104-010-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73066

Registration District No. 73

File No. .....

Primary Registration District No. 2120

Registered No. 216

FULL NAME OF CHILD Verl Fredrick Bosworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Bosworth	FULL MAIDEN NAME	Elizabeth Jenkins
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida—
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Preston, Idaho—	BIRTHPLACE	Preston, Idaho—
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a— M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Registrar

Filed 11/4 1919 [signature]

Registrar

cc 11-14-40 mp.

261-116-010-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73067

Registration District No. 73

File No. .....

Primary Registration District No. 2110

Registered No. 211

FULL NAME OF CHILD David Denzil Swanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	David Conrad Swanson	FULL MAIDEN NAME	Olga Olson
RESIDENCE	Idaho Falls, Idaho,	RESIDENCE	Idaho Falls, Ida-
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Murray, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls Ida

Filed 11/6 1919 [signature]

Registrar

cc 11-19-40—p

614-110-010-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-S-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 73068

Primary Registration District No. 2137 Registered No. 214

FULL NAME OF CHILD Harry Clokey Waddell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 10 19

	FATHER	MOTHER
FULL NAME	Samuel Eugene Waddell	FULL MAIDEN NAME Maggie Bivens
RESIDENCE	Idaho Falls, Ida.	RESIDENCE Idaho Falls, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years) 24
BIRTHPLACE	Taylorville, Ill.	BIRTHPLACE Summerville, Mo.
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) Harry L. Willson M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Filed 11/4 19 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

FEB 6 1951

799-216-010-814

PLACE OF BIRTH

[illegible] OF IDAHO
[illegible] AL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73069

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2102

Registered No. 113

Hospital

FULL NAME OF CHILD Jane Anna Griffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	July 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George E. Griffin	FULL MAIDEN NAME	Carrie Louise Hamilton
RESIDENCE	Idaho Falls, Ida. R.F.D. #6	RESIDENCE	Idaho Falls, Ida. R.F.D. #6
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Woodford Co., Ill.	BIRTHPLACE	Woodford Co., Ill.
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 11/4 1919 [illegible]

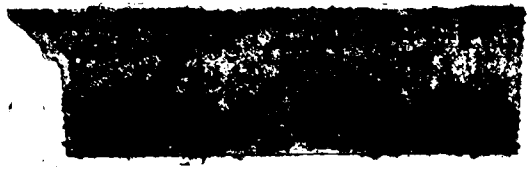
Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] RESERVED FOR BINDING

[illegible] NLY WITH UNFADING INK THIS IS A PERMANENT RECORD



NOV 6 1967

152-210-010-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

73070

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2120

Registered No. 912

Hospital

FULL NAME OF CHILD Thelma May Ankrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	June 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David H. Ankrum	FULL MAIDEN NAME	Nellie May Elliott.
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Cherokee Co. Kas.	BIRTHPLACE	Cherokee Co. Kas
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Filed 11/4 1919 C. Kremand

Registrar

Registrar

APR 15 1942

942-104-010-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

73071

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 91

FULL NAME OF CHILD Athus DeLoss Russell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes.	July 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Athus Jackson Russell	FULL MAIDEN NAME	Vera Bird
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Salem, Utah	BIRTHPLACE	Salem, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Idaho Falls Ida

Filed 11/4 1919 [signature] Registrar

2/4/41 L. E.

JUN 5 1943

396-201-010-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

73072

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2150

Registered No. 210

Hospital

FULL NAME OF CHILD Merle M. Trowbridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Russell Trowbridge	FULL MAIDEN NAME	Zoe M. Benham
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Park Rapids, Minnesota
OCCUPATION	Elevator Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 11/8 1919 [signature]

Registrar

Registrar

MARGIN RESERVED. FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-126-010-213

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73073

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2140

Registered No. 209

Hospital

FULL NAME OF CHILD Chas. Ralph Colvin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Edwin Colvin	FULL MAIDEN NAME	Gertrude E. Bates
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Park City, Utah	BIRTHPLACE	Park City, Utah
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

MD (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

..... 19

Filed Nov. 8 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-114-010-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 73074

No. ..... St.

Primary Registration District No. 2120

Registered No. 204

Hospital .....

FULL NAME OF CHILD Alvin Lorraine White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	August 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl N. White	FULL MAIDEN NAME	Lorena Nielson
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Washington, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed 11/4 1919 A. Kimmerd

Registrar

Registrar

APR 9 1942

APR 30 1965

595-123-010-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73075

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2100 Registered No. 207

Hospital

FULL NAME OF CHILD Melvin Jesse Nielsen Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	August 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Nielsen Nielsen	FULL MAIDEN NAME	Florence K. Kingston
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Manitua, Utah	BIRTHPLACE	Morgan, Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Nielsen M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed 11/8 1919 [signature]

Registrar

266-217-010-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 73076

Primary Registration District No. 2120 Registered No. 206

FULL NAME OF CHILD Betty Lou Bowman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 17 1919

FATHER		MOTHER	
FULL NAME	Richard F. Bowman	FULL MAIDEN NAME	Elizabeth Boyd
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Leeds, England	BIRTHPLACE	Park City, Utah
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed 11/4 1919 W. Cummins

Registrar

Registrar

FEB 6 1962

693-217-010-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

73077

Registration District No. 73 File No. .....

Primary Registration District No. 2142 Registered No. 201

FULL NAME OF CHILD Mary Alice Wilkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Oct. 17 1919

FATHER

FULL NAME Andrew S. Wilkinson

RESIDENCE Idaho Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ogden, Utah

OCCUPATION Foreman, Cement Construction

MOTHER

FULL MAIDEN NAME Oralie Grogan

RESIDENCE Idaho Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilkson M.D.

(Physician or midwife)

Address Pocatello Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/8 1919

Registrar

SEP 1 1966

893-128-010-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 73078

Primary Registration District No. 2100

Registered No. 204

FULL NAME OF CHILD Wyatt Rubin Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 28 1919

FATHER		MOTHER	
FULL NAME	Rubin John Hill	FULL MAIDEN NAME	Martha Catron
RESIDENCE	Idaho Falls, Ida —	RESIDENCE	Idaho Falls, Ida —
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho Falls, Ida —	BIRTHPLACE	Shelley, Ida —
OCCUPATION	Brakeman O. S. L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

..... Registrar

Filed 11/5 1919 [signature] Registrar

JUN 1 9 1945

859-110-010-993

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73079

County of Bonneville

City of Idaho Falls

No. 182 - 15 St.

Hospital

Registration District No. 23

File No.

Primary Registration District No. 2120

Registered No. 903

FULL NAME OF CHILD Harold LeRoy Heindel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	October 10 1919

FATHER		MOTHER	
FULL NAME	Thomas Heindel	FULL MAIDEN NAME	Cecilia Gitting
RESIDENCE	182 - 15 St	RESIDENCE	182 - 15 St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 11/8 1919 [illegible] Registrar

RESERVED FOR BINDING

...NLY WITH UNFADING INK THIS IS A PERMANENT RECORD

...B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

249-130-010-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Salt Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 2110

73080

File No. .....

Registered No. 702

FULL NAME OF CHILD ROY T. SMITH

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	June 30 1919

FATHER

FULL NAME Richard T. Smith

RESIDENCE Bloomington, Ida —

COLOR Wh. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Poplar, Ida —

OCCUPATION Rancher.

MOTHER

FULL MAIDEN NAME Rose Pulham

RESIDENCE Bloomington, Ida —

COLOR Wh AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Salem Utah.

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Pulham M. D.

(Physician or midwife)

Address Salt Lake City Utah

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 6 1919

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 73080

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Roy T. Smith (BIRTH OR DEATH)

for Smith (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 30th June, 1919 (DATE OF EVENT)

in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Roy T. Smith

Subscribed and sworn to before me this fourteenth day of January 1943

X Anna R. Miller

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct 24 - 1944 (SEAL)

Signed Richard T Smith

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ririe Star Route Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January 1943

X Anna R. Miller

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct 24 - 1944 (SEAL)

Signed Rose Killian Smith

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ririe Star Route Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 21 1943 By

(REGISTRAR'S SIGNATURE)

JAN 22 1943
JAN 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-114-010-312

Form V. S. No. 11-C—Mar-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 73081

Primary Registration District No. 2102

Registered No. 201

FULL NAME OF CHILD EDWOOD CECIL CALL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9-14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil A Call	FULL MAIDEN NAME	June Casper
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 yrs (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Shafer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Nov 1 1919 [signature]

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 73081

JAN 15 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Elwood Cecil Call (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 14, 1919 (DATE OF EVENT)
in Idaho Falls, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Ward Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 1934 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Call	Elwood Cecil Call
Elwood Cecil Call		

Subscribed and sworn to before me this 13th
day of January, 1942
George M. Larsen
Notary Public, residing at Menan Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed Cecil A. Call
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January, 1942
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed E. E. Dorman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By .....
(REGISTRAR'S SIGNATURE)

JAN 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-210-010-893

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73082

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2120 Registered No. 200

Hospital

FULL NAME OF CHILD Ruth Virginia Hansen

Sex of Child	~~Twin~~ ~~Triplet~~ ~~or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	8 15 1919

FATHER		MOTHER	
FULL NAME	~~Jesse~~ Ludvig Hansen	FULL MAIDEN NAME	Louisa Hicks
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Denmark	BIRTHPLACE	Siam
OCCUPATION	Mgr. & Eng. for Ashton & St Anthony Power Co.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed Nov 1 1919 [signature] Registrar

Oct. 29, 1940 L.B.

128-210-010-255

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73083

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2100

File No. .....

Registered No. 199

FULL NAME OF CHILD ..... BETH ASHCRAFT .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	10 10 1919

FATHER		MOTHER	
FULL NAME	Cleve Ashcraft	FULL MAIDEN NAME	Ruby Kenan
RESIDENCE	Idaho Falls.	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois.	BIRTHPLACE	Utah.
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 3 M. [illegible]e date above stated.

*When there was no attending physician or [illegible]wife then the father, householder, etc., should [illegible] this return. A stillborn child is one that [illegible] breathes nor shows other evidence of life [illegible]h.

(Signature) J. C. Shupe

Physician (Physician or midwife)

[illegible] added from a supplemental report.

Address Idaho Falls Idaho

..... 19....

Filed Nov 1 1919 W. Kennard

Registrar

Registrar

[illegible]ING INK—THIS IS A PERMANENT RECORD

[illegible]e child at birth a SEPARATE RETURN must be made for each [illegible]e number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 73083

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Beth Ashcraft (Birth or Death)
for (Name on Original Certificate) who (Was Born ~~or Died~~) on October 10, 1919. (Date of Event)
in Idaho Falls, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Beth Ashcraft

Subscribed and sworn to before me this 16th day of March, 1942.

D B London
Notary Public, residing at Redondo Beach, Calif.
My commission expires January 4, 1946.
(Seal)

Signed Mrs Ruby May Ashcraft
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother

200 N. Catalina Ave., Redondo Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles, }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1942.

D B London
Notary Public, residing at Redondo Beach, Calif.
My commission expires January 4, 1946.
(Seal)

Signed Marion E Warren
(Signature of Any Credible Person Other Than Previous Year)

200 North Catalinca Ave.
Redondo Beach, California.
(Street Address, City, State)

MAR 25

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
.....	.....	.....
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

613 - 129 - 010 - 665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 73084

Primary Registration District No. 2.1.N.P Registered No. 194

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	6 29 19

FATHER

FULL NAME Butler Wallick

RESIDENCE Ozone

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kentucky

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Olive Owen

RESIDENCE Ozone

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 1 19 19 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 199-049-1913

652-103-010-242

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73085

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2100

Registered No. 192

Hospital

FULL NAME OF CHILD Harold Kenneth West

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9 3 1919

FATHER		MOTHER	
FULL NAME	L. L. West	FULL MAIDEN NAME	Edith Burkman
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shirley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Nov 1 1919 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 18 1960

293-107-010-363

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 73086

No. ..... St.

Primary Registration District No. 2150 Registered No. 196

Hospital .....

FULL NAME OF CHILD Merrill Edward Killpack

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—	—	2nd	yes	Oct 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry S. Killpack	FULL MAIDEN NAME	Amy Coleman
RESIDENCE	Idaho Falls.	RESIDENCE	Idaho Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Manti Utah	BIRTHPLACE	Smithfield.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 7., at 10. a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrill
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Idaho

Filed Nov. 1919 Wm Kennard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-125-010-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2110

File No. 73087

Registered No. 191—

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Y	8 25 1919

FATHER		MOTHER	
FULL NAME	J. M. Turner	FULL MAIDEN NAME	Lula Clark
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Shrup

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls Ida

Filed Nov 1 1919 W. Kennard

Registrar

MARGIN RESERVED FOR BINDING

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-130-010-433

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 73088

Primary Registration District No. 2110 Registered No. 194

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed Busby	FULL MAIDEN NAME	Ada E McCanlers
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	North Carolina
OCCUPATION	D.C. Chiropractor	OCCUPATION	D.C. Chiropractor

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Shupe M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed Nov 1 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-117-010-113

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73089

County of Bonneville

City of Iona

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 193

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8-17 19

FATHER		MOTHER	
FULL NAME	Charles Larson	FULL MAIDEN NAME	Marie Jacobson
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah.	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R. Shupe M. D. (Physician or midwife)

Address Iona, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Aug 1 19 19

Registrar

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-110-010-282

PLACE OF BIRTH

Name added 3-18-81

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 73090

Primary Registration District No. 2147

Registered No. 192

FULL NAME OF CHILD ..... CHARLES GORDON DOUGAL .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 / 10 / 19 9

FATHER		MOTHER	
FULL NAME	Albert Dougal	FULL MAIDEN NAME	Rachael Bybee
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Utah.
OCCUPATION	—	OCCUPATION	Housewife.

Number of child of this mother, including present birth ... 5 ... Number of children of this mother now living, including present birth ... 5 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or dead) at 1 am on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... M.D.

(Physician or midwife)

Address ..... Idaho Falls

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed Apr 1 19 19 ..... Registrar

UNFADING INK—THIS IS A PERMANENT RECORD

If more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-2-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 10 4 09 PM '81

State of Idaho
County of Ada } ss.

Certificate No. 73090
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Dougal (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-10-19 (Date of Event)
in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Charles Gordon Dougal

Subscribed and sworn to before me this 18th day of March 1981.
Notary Public, Paul Morris
Residing at Boise Id.
My commission expires
(Seal)
Notary Public Residing at Boise, Idaho
My Commission expires July 12, 1984

Charles Gordon Dougal
Signature of Applicant
Jordan Valley Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 18th day of March 1981.
Notary Public, Paul Morris
Residing at Boise, Id
My commission expires
(Seal)
Notary Public Residing at Boise, Idaho
My Commission expires July 12, 1984

Allen B. Hessing
Supporting Signature
1403 W. Boise Ave
Street Address, City, State
Boise, Id 83706

MAR 1

Banker's Life and Casualty Company gives name as Charles Gorgon Dougal.
Policy issued April 26, 1965.
Viewed by V.S.

Bible record gives name as Charles Gordon Dougal born April 11, 1922, in Idaho, to Rachel Dougal and Albert Dougal.
Viewed by V.S.

493-106-010-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73091

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2110

Registered No. 191

Hospital

FULL NAME OF CHILD G. Wallace Mitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Mitchell	FULL MAIDEN NAME	Lillian West
RESIDENCE	Lincoln Idaho	RESIDENCE	Lincoln Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Loveland, Col
OCCUPATION	Emp. Beet Sugar Co.	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Registrar

Filed Oct 29 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1948

Amended 5/5/72

396-104-010-759

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73092
Local Reg. No.
Reg. Dist. No. 73

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth or the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Merle
b. (Middle): Edward
c. (Last): Croft

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 4, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): Leo
c. (Last): Croft

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Huntington, Utah	Sheep man	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Zita
b. (Middle):
c. (Last): Gerber

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Dansville, N. Y.	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. E. Rogers
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Idaho Falls, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 21, 1919
22. REGISTRAR'S SIGNATURE: Wm. Kinnard
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 73092

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Croft (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Feb. 5, 1922 viewed by V. S. (Give Date) are:
Child's Birth cert. #49-8160

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Merle Edward Croft

Subscribed and sworn to before me this 11 day of January, 1957

Notary Public, residing at Idaho Falls, Idaho
My commission expires Sept 1, 1957
(Seal)

Signed Mrs Zita Baker Croft
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of January, 1957

Notary Public, residing at Idaho Falls, Idaho
My commission expires Sept 1 1957
(Seal)

Signed O. N. Jensen
(Signature of Any Credible Person)

349 E. 19th - Idaho Falls, Idaho
(Street Address, City, State)

FORM DPH 55. 155

Idaho Board of 1-3-57

MAY 8 1972

MAY 12 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BONNEVILLE }

Certificate No. 73092

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Merle Edward Croft (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

RECEIVED
APR 14 1971
Bureau of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Leo Joseph Croft	John Leo Croft
Father's birthplace	Harrington, Utah	Huntington, Utah
Mother's name	Zeita Gerber	Zita Gerber

Subscribed and sworn to before me this 13th day of April 1971

Notary Public, residing at Idaho Falls, Ida.
My commission expires 26 July 1972
(Seal)

Signed X John Leo Croft
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte.# 1, Box 29A, Idaho Falls, Idaho
(Street Address, City, State) Zip-83401

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BONNEVILLE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April 1971

Notary Public residing at Idaho Falls, Idaho
My commission expires 26 July 1972
(Seal)

Signed X Leo Joseph Croft
(Signature of Any Credible Person)

Rte.# 1, Box 29A, Idaho Falls, Idaho
(Street Address, City, State) Zip-83401

FORM DH 60-155 CL 5/19/71nm

Certif. of Blessing from LDS Church gives nameas Merl Edward Crofts son of Leo John Crofts and Zita M. Gerber. Born Oct. 4, 1919. Was Blesed Feb. 5, 1922. Viewed by V. S.

Insurance Policy from Beneficial Protective Assoc. gives insured's baneas John Leo Croft The Beneficiary is given as Zita Croft.(Wfe). Dated April 2, 1942. Viewed by V. S.

Certification of Birth from Dept. of Health dated Nov. 18, 1957 gives name as Zita Ma Margaret Gerber. Was born May 9, 1896. Viewed by V. S.

[illegible]

Temple Recommed from LDS Church dated Feb. 10, 1946 gives name as Merle E. Croft. Date of birth Oct. 4, 1919. Father's name John Leo Croft. mother's name as Zita M. Gerber. Viewed by V. S.

Certif. of birth from LDS Church gives name as John Leo Crofts born July 22, 1893 at Huntington, Utah. Father's name given as Edward Crofts and mother name as Elizabeth Walker. Enterd on record Aug. 4, 1901. Viewed by V. S.

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

73092

Registration District No. 72 File No. .....

Primary Registration District No. 2150 Registered No. 190

FULL NAME OF CHILD Merle Edward Croft

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Joseph Croft	Zeta Gerber
RESIDENCE	Ida Falls Ida	Idaville Ind
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Harrington W	Idaville Ind
OCCUPATION	Sheep man	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Address Ida Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 21 1919 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

365-104-070-365

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 73093

Primary Registration District No. 2150

Registered No. 189

FULL NAME OF CHILD Merel Nesbitt Coe

Sex of Child: Male

Twin, Triplet or other? Twin and Number in order of birth 2
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct. 4 (Month) (Day) 191[illegible] (Year)

FATHER

FULL NAME: Roy N. Coe

RESIDENCE: Idaho Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Ogden, Utah

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Ive Coe

RESIDENCE: Idaho Falls, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Ogden, Utah

OCCUPATION: Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at .....M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 21 19 19 [signature]

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Orange } ss.

Certificate No. 73093

Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Merle (Name on Original Certificate) who Born (Was Born or Died) on Oct 4 1919 (Date of Event)
in Idaho Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Record of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Dec. 7th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Merle	Merel Nesbitt Coe

Subscribed and sworn to before me this 2nd
day of November, 1942.

Angie F. Ragan
Notary Public, residing at Costa Mesa, Calif.
My commission expires My Commission Expires October 1, 1943
(Seal)

Signed Mrs Ira Bell Moore (Coe)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1829 Orange Ave Costa Mesa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 8 1981

NOV 5 1942

365-204-010-365 Twins.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73094

County of Bonneville

City of Ida Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2110 Registered No. 1 Ft

Hospital

FULL NAME OF CHILD Mildred - ~~Merle~~ LOUISE Coe

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
~~1 male~~ 1 Female	2 (To be answered only in event of plural births)	yes	Oct 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy N Coe	FULL MAIDEN NAME	Ive Coe
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Ogden W	BIRTHPLACE	Ogden W
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Logers

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Ida Falls Ida

19

Filed Oct 21 1919 [signature]

Registrar Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Orange } ss.

Certificate No. 73094

Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mildred Coe (Name on Original Certificate) who Born (Was Born or Died) on Oct 4 1919 (Date of Event)
in Idaho Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Record of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Dec. 7th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mildred	Mildred Louise Coe

Subscribed and sworn to before me this 2nd
day of November, 1942

Angie L. Ragan
Notary Public, residing at Costa Mesa, Calif.
My commission expires My Commission Expires October 4, 1944
(Seal)

Signed Mrs Ira Bell Moore (Coe)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1829 Orange Ave, Costa Mesa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 1981

NOV 5 1982

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-228-010-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73095

County of Bonneville

City of Ida Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2110 Registered No. 147

Hospital

FULL NAME OF CHILD Betty Louise Barnett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Sept 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eddie Barnett	FULL MAIDEN NAME	Edith Melquist
RESIDENCE	Idaho Falls Ida	RESIDENCE	Ida Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Springfield Ill	BIRTHPLACE	Oakland Neb.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Lovgren

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Ida Falls

19

Filed Oct 2 1919 [illegible]

Registrar

Registrar

OCT 1 1969

MAR 8 1957

331-118-010-762

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73096

County of Bonneville

City of Idaho Falls

No. 4 St.

Hospital no

Registration District No. 73 File No.

Primary Registration District No. 2102 Registered No. 146

FULL NAME OF CHILD Donald Woodrow Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Sept 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul N Clark	FULL MAIDEN NAME	Vic Prospesie
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Leedsburg Wis	BIRTHPLACE	Idaho Falls
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 845 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Rogers

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Registrar

Filed Oct 21 1919 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163-207-010-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73097

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2106 Registered No. 1-1-1

Hospital

FULL NAME OF CHILD Lela Binnington Jolley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Sept 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J L Jolley	FULL MAIDEN NAME	Anna Binnington
RESIDENCE	Idaho Falls	RESIDENCE	Ida Falls Ida
COLOR	st	COLOR	st
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Christmanville U	BIRTHPLACE	St Louis Mo
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T R Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed Oct 21 1919 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73097

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Leila Bennington Jolley

Subscribed and sworn to before me this 28 day of July, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 4/14/47
(Seal)

Signed Rose M Jolley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 2 8 1943

846-130-010-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 2110

File No. 73098

Registered No. 184

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Aug 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. I. Huffaker	FULL MAIDEN NAME	Lillie Hays
RESIDENCE	Idaho Falls	RESIDENCE	Ida Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Idaho Falls

Filed Oct 21 1919 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-225-010-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 73099

Registered No. 183

FULL NAME OF CHILD Vilda Burt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twins	2	Yes	Aug. 29 1919

FATHER	MOTHER
FULL NAME: Henry Burt	FULL MAIDEN NAME: Jessie Thorn
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. E. Rogers (M.D.)

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Filed Oct. 21 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1944

249-229-010-386

Twins.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73100

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2130 Registered No. 182

FULL NAME OF CHILD Verda ~~[illegible]~~ Burt

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Females	Twins	1 – 2	Yes	Aug 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Burt	FULL MAIDEN NAME	Jesse Thorn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Rogers

Phys (Physician or midwife)

Address Ida Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 21 1919 [illegible] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-105-010-251

PLACE OF BIRTH

Form V. S. No. 11-C—2Rm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 73101

No. ..... St.

Primary Registration District No. 2130

Registered No. 1161

Hospital .....

FULL NAME OF CHILD Joan Grant Messerla

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 5 1917

FATHER

FULL NAME Jacob Messerla

RESIDENCE Idaho Falls Ida

COLOR W AGE AT LAST BIRTHDAY 59 (Years)

BIRTHPLACE Switzerland

OCCUPATION Hotel keeper

MOTHER

FULL MAIDEN NAME Elnya Sealer

RESIDENCE Idaho Falls Ida

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Switzerland

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Rogers

Phys

(Physician or midwife)

Address Ida. Falls Ida

Given names added from a supplemental report.

..... 19.....

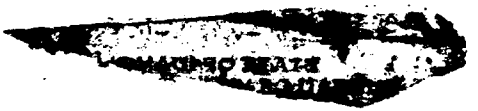
..... Registrar

Filed May 21 1917

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



396-202-010-636

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73102

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2140 Registered No. 180

Hospital

FULL NAME OF CHILD Mildred Marian Crouse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 2 1919

FATHER		MOTHER	
FULL NAME	Robt Fallis Crouse	FULL MAIDEN NAME	Hatty Flory
RESIDENCE	Idaho Falls Ida	RESIDENCE	Ida Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Indianapolis Ind	BIRTHPLACE	Clarence Mo
OCCUPATION	Electrician	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Ida Falls Ida

19

Registrar

Filed Oct 21 1919 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1939

712-220-010-662

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73103

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 179

FULL NAME OF CHILD Christena Jewel Paswater

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	July 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	William E Paswater	FULL MAIDEN NAME	Lillie Foster
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Retired Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Logan

L P Ly (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Ida Falls

Filed Oct 21 1919 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1910

FEB 4 - 1954

266-203-010-466

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73104

Registration District No. 73 File No. .....

Primary Registration District No. 2130 Registered No. 178

FULL NAME OF CHILD June Lucille Bowcutt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos J Bowcutt	Nellie Moore
RESIDENCE	Ida Falls Ida	Ida Falls Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Ogden Utah	Ogden Utah
OCCUPATION	Carpenter	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Rogers

Phys

(Physician or midwife)

Address Ida Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 21 19 19

Registrar

NOV 4 1955

NOV 23 1955

AUG 24 1942

693-208-010-713

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73105

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 177

FULL NAME OF CHILD Maud Wilson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 8 1917

FATHER		MOTHER	
FULL NAME	Clyde G Wilson	FULL MAIDEN NAME	Marion Patterson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Grand Island Neb	BIRTHPLACE	Des Moines Ia.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible] Phys

(Physician or midwife)

Address Ida Falls Ida

Filed Oct 21 1917 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1972
AUG 2 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 255-206-010-296 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 73106

Primary Registration District No. 2130 Registered No. 176

FULL NAME OF CHILD Marcell Brown Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 6 1919

FATHER		MOTHER	
FULL NAME	Fred D Bennett	FULL MAIDEN NAME	Maud Brown
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	N	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Millard County Utah	BIRTHPLACE	Arizona
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

..... 19.....

Filed Oct 21 1919 [signature]

..... Registrar

Registrar

SEP 19 1950

SEP 20 1950

214-115-010-665

Form V. S. No. 11-C—2km-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73107

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 174

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 15 19 09

FATHER		MOTHER	
FULL NAME	Jon Samuelsen	FULL MAIDEN NAME	Ella Vandenlinden
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Salt Lake City Ut.	BIRTHPLACE	Salt Lake City Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Rogers

Phys.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 21 1909

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-209-010-282

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2Rm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 3/17/75

Registration District No. 13

File No. 73108

Primary Registration District No. 21-9

Registered No. 174

FULL NAME OF CHILD Theda Alleen McCurdy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 9 1919

FATHER	MOTHER
FULL NAME Charles B. McCurdy	FULL MAIDEN NAME Erma F. Bybee
RESIDENCE Idaho Falls Ida	RESIDENCE Idaho Falls Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iona, Idaho	BIRTHPLACE Idaho Falls Ida
OCCUPATION Drayman	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Rogers

Phys

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 21 19 19 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 11 2 10 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 73108

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Theda Aleen McCurdy (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Theda Aleen McCurdy	Theda Alleen McCurdy
Child's Sex	Male	Female
Full Name of Father	C V McCurdy	Charles B. McCurdy

Subscribed and sworn to before me this 18 day of
May, 1967
Ethel L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1968
(Seal)

Signed Alleen Bybee Hessing
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1403 Boise Avenue
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 in office 5-18-67. Accpd. Rec # 13211

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 11 2 10 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73108

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Theda Aleen McCurdy (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Helena, Mont.	Iona-~~Basalt~~, Idaho
Full Maiden Name of Mother	Helen Bybee	Erma F. Bybee

Subscribed and sworn to before me this 18 day of March, 19 75

Notary Public, residing at Soda Springs, Idaho

My commission expires Sept. 28, 1978

(Seal)

Signed Aileen Bybee Hessing

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1403 Brie Avenue

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 in office 5-18-67.

MAR 17 1975

Church Record- LDS Church Theda Alleen McCurdy born April 9, 1919 at Idaho Falls, Idaho Female , father Erma F. Bybee , father Charles Berg McCurdy born at Iona, Idaho - baptized June 12, 1927.
Viewed by VS

Brothers birth certificate Chas. B. McCurdy, Jr. born Dec. 29, 1925 at Pocatello, Idaho, file # 138014 gives fathers name as Chas.B. McCurdy born in Idaho and mothers name as Erma Bybee.
Viewed by VS

Own childs birth certificate Madeline Ranae Crotts born June 11, 1936 at Pocatello, Idaho State File # 243833 gives mothers name as Theda Alleen McCurdy.
Viewed by Vs

Certificate of Social Insurance Award , Dept. of Health, Education, and Welfare iam No. 519-09-9934 dated May 24,1963 gives names as Charles B. & Erma McCurdy. (Claim)
Viewed by VS

335-121-010-468

PLACE OF BIRTH

Amended 7/7/76

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9

CERTIFICATE OF BIRTH

73109

County of Bonneville

City of Idaho Falls

No. 139 8th St

Registration District No. 73

File No.

Primary Registration District No. 21 J v

Registered No. 173

Hospital

FULL NAME OF CHILD Delbert Wayne Cleveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 21 1949

FATHER		MOTHER	
FULL NAME	Ted Cleveland	FULL MAIDEN NAME	Ethel Doyle
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oakland Ia	BIRTHPLACE	Oakland Ia
OCCUPATION	Driver	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Phys.
(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 21 19 49

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1948

7/7776

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 73109

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Delbert Wayne Cleveland (Name on Original Certificate) who was born (Was Born or Died) on Mar. 21, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Delbert Wayne Cleveland	Delbert Wayne Cleaveland
Father's name	Ted Cleveland	Ted Cleaveland

Subscribed and sworn to before me this 7th day of July, 19 56

Florence Cartright

Notary Public, residing at Boise

My commission expires 6-20-58

(Seal)

Signed Paul I Cleveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9314 Canyon Rd. E. St. #23 Puyallup Wash. 98371
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of ....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate for Meritorious Service shows name as Delbert W. Cleaveland viewed by V.S.

JUL 7 1976

Discharge papers dated 21 Feb. 1950 gives name as Delbert W. Cleaveland, viewed by V.S.

Brother's birth certificate lists father's name as Tedy J. Cleaveland. viewed by. V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-126-010-736

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ——— St.

Hospital ———

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 73110

Primary Registration District No. 2100 Registered No. 172

FULL NAME OF CHILD Franklin Boyd Stumbo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rubeun Park Stumbo	FULL MAIDEN NAME	Maggie Gloxham
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Jabez West Jr M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Ida.

19

Registrar

Filed Oct 7 1919 [signature]

Registrar

NOV 10 1944

316-213-010-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73111

County of Bonneville

City of Idaho Falls Registration District No. 73 File No.

No. 1st St Emerson St.

Primary Registration District No. 2117 Registered No. 171

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Madio Laon	Mary Maraluis
RESIDENCE	Idaho Falls 1st & Emerson	1st & Emerson
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Mexico	Mexico
OCCUPATION	Laborer.	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wells M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct 17 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-178542

913-201-010-795

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonnieville

City of Idaho Falls, Ida.

No. R. F. D. No. 7 St.

Hospital

Registration District No. 73

Primary Registration District No. 2150

File No. 73112

Registered No. 170

FULL NAME OF CHILD Mary Ann Raty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 1st (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Seimons Raty	FULL MAIDEN NAME: Eliza Pinney
RESIDENCE: Tinker Dist. No. 22	RESIDENCE: Same
COLOR: White — AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Marriotts Ville, Utah	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: Farmer	OCCUPATION: H Scof

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones

(Physician or midwife)

Address Roberts

Filed Oct 10 1919 [signature]

Registrar

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 4 1969

dup of 1919-90657

249-226-010-753

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 73114

No. ..... St.

Primary Registration District No. 21-10

Registered No. 161

Hospital .....

FULL NAME OF CHILD Fern Madeline Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. J. Smith	FULL MAIDEN NAME	Madeline Peterson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Marmoth Utah
OCCUPATION	U. S. Beet Seed Co.	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sept. 26 1919 (Born alive or stillborn) at 2-10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

..... Registrar

Filed Oct. 14 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-124-033-285

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73116

County of Madison Co.

City of Sugar City Idaho Registration District No. 100 File No.

No. St. Primary Registration District No. 2178 Registered No. 122

Hospital

FULL NAME OF CHILD Julius Ray Schwendiman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 24 1919

FATHER		MOTHER	
FULL NAME	Christian Schwendiman	FULL MAIDEN NAME	Ada Shepard
RESIDENCE	Sugar City Idaho	RESIDENCE	Sugar City, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Clerk Hardware Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Jabey Reed M.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed 12/11/19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/9/41. w.h.

H-10-41

155-210-033-113

Form V. S. No. 11-C--25m-7-21-19

[redacted]IRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital ——

Registration District No. 100 File No. 73117

Primary Registration District No. 2178 Registered No. 123

FULL NAME OF CHILD Lorraine Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Oct 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Jensen	FULL MAIDEN NAME	Maude Jacobs
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	N. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Salem, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Mesh Jr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 12/1/ 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1948

813-207-033-113

PLACE OF [illegible]

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73118

County of Nez Perce

City of Lapwai City

No. ..... St.

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 124

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 7 19

FATHER		MOTHER	
FULL NAME	E Halman	FULL MAIDEN NAME	Stella Jacobs
RESIDENCE	Lapwai City	RESIDENCE	Lapwai City
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	COLOR	W
OCCUPATION	Stockman	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/1/ 1919

..... Registrar

K

UNFADING INK—THIS IS A PERMANENT RECORD

than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-112
035-284

PLACE O[illegible]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73119

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2174 Registered No. 24

FULL NAME OF CHILD Gilbert Dale Lyle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	10 (Month) - 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William D Lyle.	FULL MAIDEN NAME	Irene E. Symons
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P H Habel
Mo.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lapwai, Ida.

Filed Oct. 13 1919 William P H Habel
Registrar

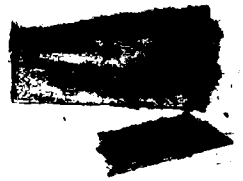
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942



215-12-035-153

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73120

Registration District No. 97 File No. .....

Primary Registration District No. 3174 Registered No. 25

FULL NAME OF CHILD Raymond Sanders

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	10 – 21 – 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bernard J. Sanders	Anna Debsman
RESIDENCE	Sweetwater	Sweetwater
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Germany	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) William P. Hatch

M. D.

(Physician or midwife)

Address Lapwai

Filed Oct 22 19 19 William P. Hatch

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-230-035-381

amend 7-11-83 dl

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73121

Registration District No. 97

File No. .....

Primary Registration District No. 3174

Registered No. 36

FULL NAME OF CHILD ~~Chase~~ Denham, Mary Jane

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
female	—		—	yes	October	30th	19 19

	FATHER	MOTHER
FULL NAME	Edward Denham	Lenella Chase
RESIDENCE	Lapwai Ida	Lapwai Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	37
BIRTHPLACE	Kentucky	Pa.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) William P. H. Habel

M. D.

(Physician or midwife)

Address Lapwai.

Filed 10/30 19 19

William P. H. Habel

Registrar

JAN 9 1968

3-29-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of ID. } ss.
County of _____

Certificate No. 73121
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Clara Denham (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 29, 1919 (Date of Event)

in Lapwai (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Clara Denham	Mary Jane Denham
date of birth	Oct 29, 1919	Oct 30, 1919

Subscribed and sworn to before me this 11th day of April, 1983

Notary Public J. Michael Eames

Residing at Grangeville ID

My commission expires Continuous

(Seal)

x Mrs Ellen Cash (Sister)
Signature of Applicant

R+2 Box 733, Grangeville ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Creek

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 Th day of April, 1983

Notary Public Deborah Boyd

Residing at Kellyville Ok 74039

My commission expires August 20, 1984

(Seal)

Audrey B. Denham
Supporting Signature

P.O. Box 635 Kellyville Okla 74039
Street Address, City, State

Secondary School record for May Jane Denham born 10-30-19 in Idaho graduated May 28, 1937. from Sapulpa High School in Sapulpa, OK. Viewed by V.S.

JUL 11 1983

Statement from North Idaho Childrens Home Inc gives records show that a Mary Denham birthdate Oct 30, 1919 was placed at the North Idaho Childrens Home on Nov 12, 1924 by Idaho County, Idaho. Parents were given as Edward Denham and Luella Denham. Viewed by V.S.

125-101-035-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 905 Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73122

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 335

FULL NAME OF CHILD James Akers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	10 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hilbert Akers	FULL MAIDEN NAME	Bertha Thoraldson
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Palouse Wash	BIRTHPLACE	Minn.
OCCUPATION	Drayman.	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

R. C. Pauley Sec (Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida

..... 19.....

Filed Nov 10 1919 Susan E Bruce

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 132-202-035-613

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1705 G St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No. 73123

Registered No. 336

FULL NAME OF CHILD Marga Isabell Atkinson

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	7	yes	October 2 1919

FATHER		MOTHER	
FULL NAME	Frank W Atkinson	FULL MAIDEN NAME	Cathern Walker
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	montanna	BIRTHPLACE	canada
OCCUPATION	Laboro	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Inman M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston Idaho.

Filed 10-10-1919 Susan E Bruce

Registrar

DEC 7 1973

386-204-035-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V-S. No. 11-C—Mm 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston Orchards

Registration District No. 95

File No. 73124

No. ..... St.

Primary Registration District No. 1009

Registered No. 337

Hospital: .....

FULL NAME OF CHILD Catherine Gertrude Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct-4-9 191

FATHER		MOTHER	
FULL NAME	Eugene Thompson	FULL MAIDEN NAME	Ida Stevens
RESIDENCE	Lewiston Orchards, ~~Lewiston, Ida.~~	RESIDENCE	Lewiston Orchards, ~~Lewiston, Ida.~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouria	BIRTHPLACE	Missouria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho.

Filed 11-9-1919 Susan E Bruce

Registrar

Registrar

2310 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 73124

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Catherine Gertrude Thompson (Name on Original Certificate) who Was Born (Was Born or Died) on Oct. 4, 1919 (Date of Event)
in Lewiston, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 4, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Thompson	Catherine Gertrude Thompson

Subscribed and sworn to before me this 11th day of June, 1945

Notary Public, residing at Lewiston

My commission expires April 1-1946

(Seal)

Signed Eugene M Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1945

Notary Public, residing at Lewiston

My commission expires April 1-1945

(Seal)

Signed
(Signature of Any Credible Person)

RT 2, Lewiston Idaho
(Street Address, City, State)

JUN 1 4 1945

315-205-035-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73125

County of Nezperce

City of Lewiston

No. 1701- G St.

Hospital

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 338

FULL NAME OF CHILD Juanita M. Candler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10-5-1919

FATHER		MOTHER	
FULL NAME	Claude H. Candler	FULL MAIDEN NAME	Winnifred Mudd
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Washington
OCCUPATION	Rail Road Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Paul A. Johnson

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 11-9 1919 Susan E. Brune

Registrar

1/17/41/ EA

281-109-035-316

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

U. S. No. 11-C-[illegible]

73126

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 339

FULL NAME OF CHILD Robert K. Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10-9-1919

FATHER		MOTHER	
FULL NAME	Robert L. Shaw	FULL MAIDEN NAME	Letty M. Lawler
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho.

Filed 11-9 1919 Aron E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/6/41 L. B.

AFFIDAVIT

July 5, 1941 JUL 29 1941

STATE OF WASHINGTON)
) ss
COUNTY OF WHATCOM)

I, Robert Shaw, being first duly sworn on oath, depose and say that my son Robert has a middle initial K instead of L as shown on records of birth in Boise, Idaho, his full name being Robert K. Shaw.

Robert K. Shaw

Subscribed and sworn to before me this 5th day of July, 1941.

Evelyn Anderson
Notary Public in and for the State of Washington, residing at Bellingham.

AFFIDAVIT

RECEIVED

JUL 29 1941

STATE OF WASHINGTON)
) ss
COUNTY OF SPOKANE)

July 28, 1941

I, Letty M. Shaw Parsons, being first duly sworn on oath, depose and say that my son Robert has a middle initial K instead of L as shown on records of birth in Boise, Idaho, his full name being Robert K. Shaw.

Letty M(Shaw) Parsons

Subscribed and sworn to before me this 28th day of July, 1941

Dorothy Peck

NOTARY PUBLIC, IN AND FOR THE STATE OF WASHINGTON, RESIDING AT SPOKANE.

556-112-035-165

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73127

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 340

Hospital

FULL NAME OF CHILD Verne Lloyd Newman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	10 12 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Newman	FULL MAIDEN NAME	Bernice Jones
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Truck Driver	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

R C Pauley Sec
(Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed 11-9 1919 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 26 1963

PLACE OF BIRTH

Nezperce

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

73128

City of Lewiston — Registration District No. 96 — File No.

No. 1630-Main St. St. — Primary Registration District No. 1009 — Registered No. 341

276-217-035-365

Hospital

FULL NAME OF CHILD Verle Marie Spore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct-17-19

FATHER		MOTHER	
FULL NAME	John M. Spore	FULL MAIDEN NAME	Ione Lovelace
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11.50A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broadrack

(Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 11-9-1919 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 15-C-Rev. 2-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Number OF BIRTH

County of 1982010409

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wisconsin } ss.
County of Juneau }

Certificate No. 73128

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Spore (Name on Original Certificate) who was born (Was Born or Died) on October 17, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Spore	Verle Marie Spore

Subscribed and sworn to before me this 27 day of
February 1970
Blanche Wahlert
Notary Public, residing at Elroy, Wis
My commission expires 7-29-73
(Seal)

Signed Russ W Lovelace
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin } ss.
County of Wood }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
March, 1970
Kenneth J. Fox
Notary Public, residing at Nekoosa, Wis. 54457
My commission expires My Commission Expires Oct. 1, 1972
(Seal)

Signed Wellstak Popp
(Signature of Any Credible Person)

139 Elmwood Lanes
(Street Address, City, State) Nekoosa Wis.

FORM DH 60-155 (CL) nm 7-11-69

Certificate of Confirmation from Lutheran Church gives name as Verle Marie Olson nee Spore. Dated April 29, 1951. Signed by. William A. Foege, pastor. Viewed by V. S.

APR 2 8 1970

Child's birth certificate ~~xxx xxxx~~ for Howard Henry Olson gives father's name as Howard Orlando Olson and mother's name as Verle Marie Spore. Viewed by V. S.

265-218-035-761

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1514 Main St.

Hospital White

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73129

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 342

FULL NAME OF CHILD Elizabeth Kouni

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes.	10-18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Kouni	FULL MAIDEN NAME	Nan Goalder
RESIDENCE	Clarkston Wn	RESIDENCE	Lewiston Ida.
COLOR	White AGE AT LAST BIRTHDAY 53 (Years)	COLOR	White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

P. C. Pauley Sec.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 11-9 1919 Susan E Bruce
Registrar

Registrar

165-119-035-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rim-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS 73130
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 343

FULL NAME OF CHILD Paul Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) Oct (Day) 19 (Year) 19

FATHER		MOTHER	
FULL NAME	Arthur X. Jones	FULL MAIDEN NAME	Hazel Byers
RESIDENCE	Clarkston, Wash	RESIDENCE	Clarkston, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at 2.AA.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston Idaho

Filed 11-9 1910 Susan E. Bruce

Registrar

4/9/41 L. B.